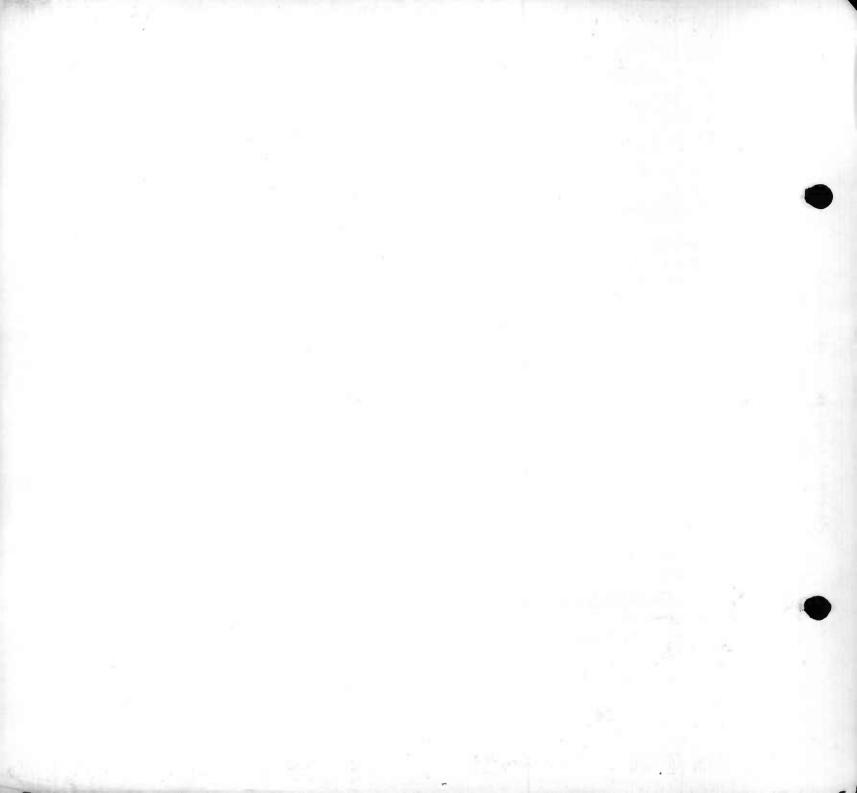
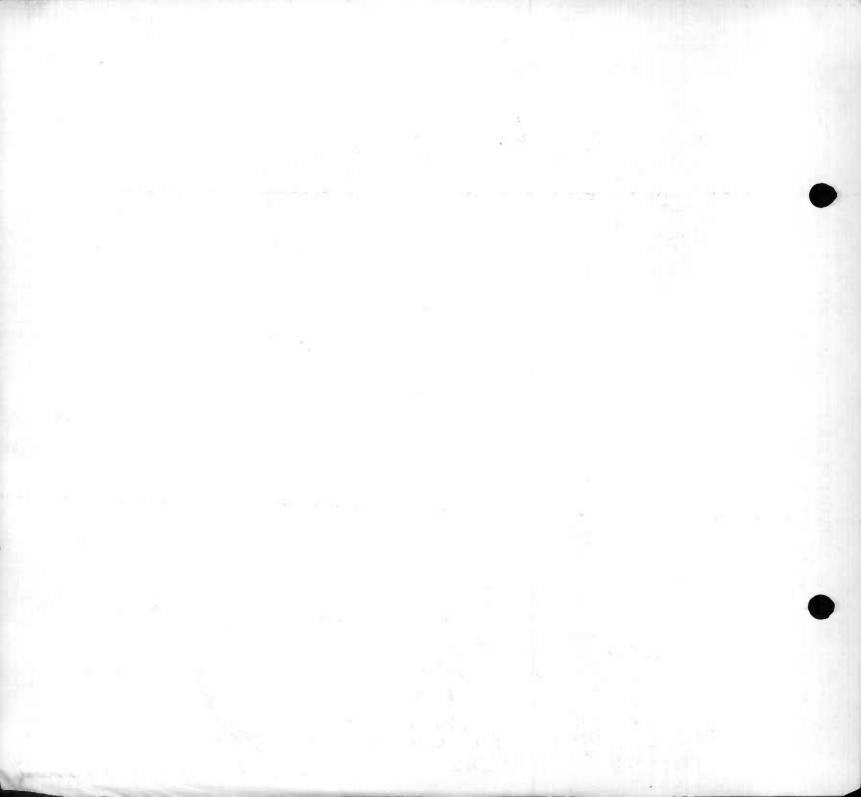
FUNERAL DIRECTOR:

11.253		BALTIMORE CITY	HEALTH DEPARTMENT		mo ===1
BIRTH NO. 70	6001	CERTIFICA	TE OF DEATH	REG. NO	70 6001
Type or Print)	NESM		2. DATE AN	D HOUR OF DEAT	H 20
3. PLACE IN BALTIMORE, MARYL.			III HELLAL BESIDENCE (W)	· 10e-	1970 3 = P.A
	HOSPITAL OR INSTIT		Md.	re deceosed lived. II	institution; residence before admission
Namonon	1	1 11 11	C. CITY OR TOWN		VES NO NO
	ze Genera	al Hospital	517 ARI		Aue 21223
Male Negr		NEVER MARRIED DIVORCED	28 - Feb - 23	9. AGE (In years last birthday)	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give-kin	of work 108, KIND OF			47	
dane during most of working lile, even if	refired)	frenction	Md.	gn country)	12. CITIZEN OF WHAT COUNTR
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	ME	
Unkacun	0111		Unknow		
5. Was Deceased Ever in U. S. An Yes, no or unknown) (II yes, give wor	ned Forces? or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Unknown		248-18-4843	Elaine Laur	zence	901 Seagull Ave
DISEASE OR CONDITION	ON DIRECTLY	CAUSE OF DEATH		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO D	EATH	4.4944504475 0444	Pescella Cl		A Blood 18 hours
(This does not mean the mi heart failure, asthenia, etc. It	means the disease.	(A) IMMEDIATE CAU DUE TO, OR AS	SE (05516) & Jub	akachmoic	a lolged lakour
injury or complication which	caused death.)	1/1	c0./b		5
ANTECEDENT C		(8) IAH	SCVD		
DISEASES OR CONDITION ise la line above cause UNDERLYING CONDITION I	(A) stating the		A CONSEQUENCE OF:	*******************	
THE STATE OF THE S	131,	(c)	***************************************		
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION GIVEN	D TO THE TERMINIAL	450-00A-A-W-004-0-A-A-Q-Q-Q-0			
19A. DATE OF OPERATION 19	CONDITION FOR WAS PERFORMED	VHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208 IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	PF 21B, home	e, farm, factory, street, off	or about 21 C. WHERE DID	(il in Boltime	ore City, give exact facotion)
21D.TIME (Manth) (Doy) OF INJURY (APPROX.)	White	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	Worl	· · · · · · · · · · · · · · · · · · ·			
22. I certify that (t) (this ha			(mar 45)	9 70 to /C	2-10-6 1970
that (1) (we) lost saw the de	ceased offve an	10 - June	19 <u>70</u> and tha	t In(my) <del>(our</del> ) op	Inlon death occurred on the dat
and hour and from the cause	s stated abave. (1)	(We) (did) (did not) vi			
23A. SIGNATURE	,				23B DATE SIGNED
Eur John	, MD	DEGREE Phys.	ding Med. S	hys.	June 11, 1970
23C. PHYSICIAN'S NAME (Type)		2	South Ball. 6	ten. Ho	
A BURIAL CREMATION, 24B. DI	14 / 24C. NA	ME of CEMETERY of CRE	MATORY 24D. LO		ity lown, or country) (Stote)
UN 1 2 1970 LA PERSON	E. Jaben R	FEGISTRAR	25C. FUNERAL DIRECTOR	01/	ADDRESS
150-REV. 1/1/68	- 1		ElVeretto di-	unex April	1129 Hilpershow

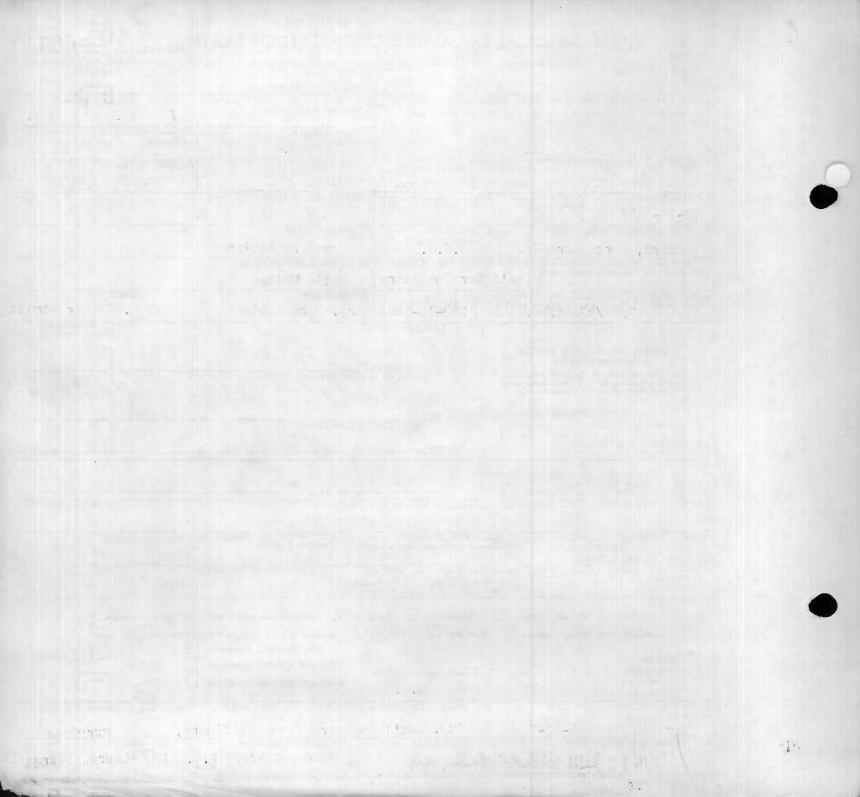


1/	= 4/0()	BALTIMORE CITY	HEALTH DEPARTMENT	PAO.	100
	IKIN NO.	002 CERTIFICA	TE OF DEATH	REG. NO	6002
	NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	153
3	PLACE IN BALTIMORE MARYLAND, WHERE P	OWCED DEAD	4. USUAL RESIDENCE (Where A. STATE ) B. COUN	e deceosed lived. If institution:	residence before admission)
N.	OULL NAME OF (IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	Maryland	(1)	1000
it	NSITUTION	101	C. CITY OR TOWN	D. INSIDE CITY	-
1/1	Harbor View Nursing & C	onvalescent Center	E. STREET AND NUMBER	YES 2	₫ NO []
9	1213 Light Street Ba	to. md. 21230	1017 MCA	leer Court	
5.	Tion of the contract of	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yeors if Unc	der 1 Yr. If Under 24 His.
10	DA. USUAL OCCUPATION (Give kind of work 10 B. KIN	WED DIVORCED DIVORCED DIVORCED	1 1 6 1	8 /	TIZEN OF WHAT COUNTRY?
do	Housewite		mariland	<i>y.</i>	119 0
13	B. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .	US F
L	Ben Colbert				
15	. Was Deceased Ever in U. S. Armed Farces? es,no or unknown) lif yes, give war ar dotes af sen	(ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
-	NO	213-54-028			
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
i	LEADING TO DEATH	(A)IMMEDIATE CAU	se De hy dration	50	hend days
	(This does not meon the mode of dying, heart laiture, asthenia, etc. It means the distinjury or complication which caused death.)	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	<del></del>	1
	ANTECEDENT CAUSES	anto	112400 2 AM		
	DISEASES OR CONDITIONS, if any, gi	ving (B) DUE TO, OR AS	A CONSEQUENCE OF:	***************************************	***************************************
	rise to the above cause (A) stating UNDERLYING CONDITION last.	(C)			
z	II CONTRACTOR OF THE CONTRACTO	0.1	001		
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERM! DISEASE OR CONDITION GIVEN IN PART (A).	NAL //	filend	************************	< 0+0+0+0+0+0+0+0+0+0+0+0+0+0+0+0+0+0+0+
ERTIFICATION	19A-DATE OF OPERATION 19B. CONDITION I	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?
U	21 A. ACCIDENT WAS UNDERLYING	21B PLACE OF INJURY (e.g., in home, farm, factory, street, affect.)	ar about 21C. WHERE DID	(If in Baltimore City, gi	ve exoct facation)
MEDICAL	21D.TIME (Month) (Doyl (Yeor) (Hourl OF INJURY	21 E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	(APPROX)	While At Not White At Work			
	22. I certify that (1) (this hospital) attend			20 10 6.1	19.76
	ond hour and from the causes stoted obay		1920 ond the	t in (my) (our) opinion dec	oth occurred on the date
	23A. SIGNATURE	(-) (me) (did) (did not) VI	ew the body offer deoth.	23B. DA	TE SIGNED
	2 Ellswort 4	After Phys.	Med. Director P	hys. 6.	0.70
	23C. PHYSICIAN'S NAME (Type) E-Ells Wort		3D. ADDRESS		
24	A-BURIAL CREMATION, 24B. DATE (24)	G. NAME OF CEMETERY OF CREI	MATORY Em. 24D. LO	CATION (City, town,	or county) (Staje)
25		OF REGISTRAR	25C, EUNERAL DIRECTOR	Clicken	ADDRESS Rank
'VS	150-REV. 1/1/68				



R-152

BIR	70 6003 MED	ICAL	EXAMINER'S	CERTIFI	CATE	OF DEA	ATH REG. NO.	70	6003
	AAME OF DECEASED or Print) ELBERT LE	E ROB	INSON	2. DATE OF DEATH	Known Estimate	Manth	Doy	Yeor	Hour M.
FUL	LACE IN BALTIMORE, MARYLAND, Y NAME OF (IF NOT IN HOSPIT, PITAL ADDRESS OR LOCA  2502 E Federal S	AL OR INST	ONOUNCED DEAD ITUTION, GIVE STREET	3. DATE PRONO	ESIDENCE	0	Doy  B  ed lived. If Institution B. COUNTY	Year 1970	7:25 P.M.
6. S			IED 🖾 NEVER MARRIED 🔲	C. CITY OF			ID. INSIDE CI	TY LIMITS?	01
	Male Negro	WIDOW			lto.				ио 🗆
9. D	ATE OF BIRTH 10. AGE (In lost birthdo 42	years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			lberry		-3 <u>-</u>	NO [_]
	Concord, North Carol		12. CITIZEN OF WHAT COUNTRY?	13. FATHER The		Robinson	n		
14A.	USUAL OCCUPATION (Give kind of work during most of warking life, even if retired)								
			s Surplus Store		ie Whi	te			
(Yes	WAS DECEASED EVER IN U.S. ARMED no ar unknown) ((i) yes, glya war or dates (/es //24/47 6/2)	of service)	244-18-5466	Mrs.		obinson		N. Gi	lmor Street
CERTIFICATION	DISEASE OR CONDITION DIRECT LEADING TO DEATH  (This does not mean the made of dy heart failure, asthenia, etc. it means the trijury or complication which caused decomply of the complication which caused decomply of the complication which caused decomply or cau	ing, e.g., disease, oih.)  , GIVING THE	(6)(C)	AS A CONSEG				BEIV	WEEN ONSET AND DEATH
CERTIF	DISEASE OR CONDITION GIVEN IN PA	ART 1 (A)-		S PERFORM	ED				DPSY? (Yes ar No)
ابرا	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.		22B. PLACE OF INJURY (e.g., home, larm, lactory, street, office	In ar about a	2C. WHERE	DID (If In Balt	Imare City, give exa		yes
	UTING CAUSE OF DEATH.  22D. TIME (Manth) (Doy) (Year OF INJURY (APPROX.)			WHILE -	2F. HOWD	ID INJURY O	CCUR?		
	ACTUAL SIGNATURE EXAMINER'S NAME (Type) Russe	PM	Accident Suicide Suicide M.D.  Fisher, M.D.	. ASSI	CHIEF MED STANT MED	Undete	ER 🗌	6-	date signed 8-70
	Burial CREMATION, 248. DATE OVAL (Specify)  Burial 6-11-	70	Balto. Nat'			Balti	141	, or county	
25 A	JUN 1 2 1970 Res	258. N	AME OF REGISTRAR	25C.	UNERAL D		A	DDRESS	ens Street
VS 1	51-REV. 1/1/68			1 .3	9-0-	0			



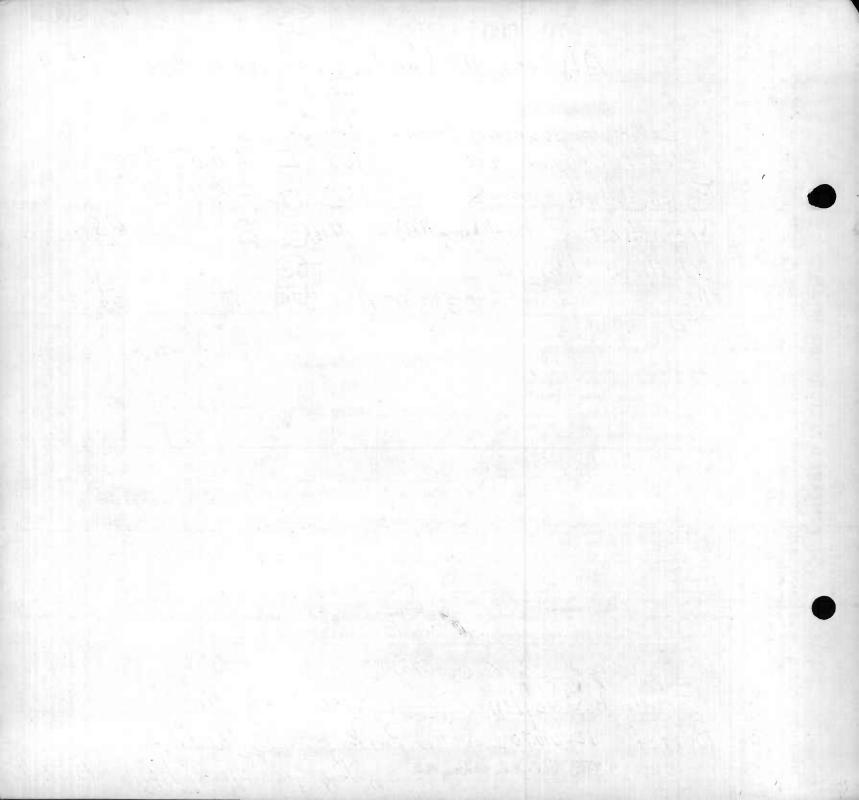
70 6004 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PEG NO.

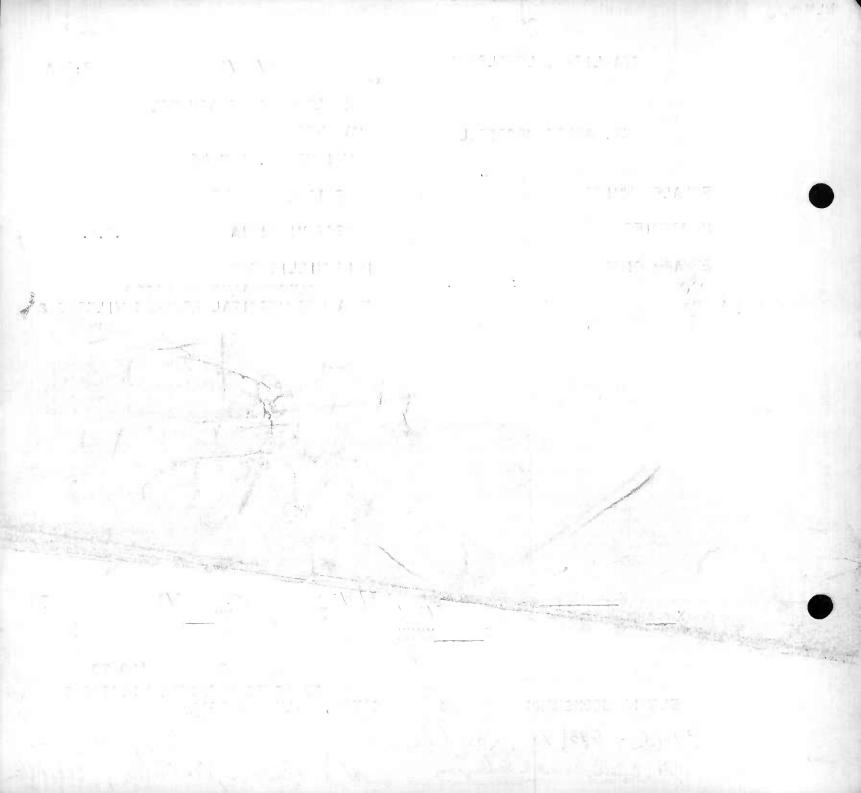
BIRTH NO.									KEG. NO.		
1. NAME OF DEC	EASED	DOROT	HY IR	VIN		2. DATE OF DEATH	Known 🔀	Month June	Doy 10,	Yeor 1970	Hnur
4. PLACE IN BAL FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT		AL OR INST		JNCED DEAD N, GIVE STREET	3. DATE PRONO	UNCED DEAD	Month June	Doy 10,	Yeor 1970	12:30 P <sub>M</sub>
00		7 Pres	bury	Str	eet	5. USUAL R A. STATE	ESIDENCE (Wher Maryland	e deceased li	ed. If institution: B. COUNTY	residence b	efore odmission)
6. SEX	7. RACE		8. MARR	IED 🗌	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?	
Female 9. DATE OF BIRTH	Negro	O IO. AGE (II	WIDOW	If Unde	er 1 Yr. If Under 24 Hrs.	E. STREET	Baltimore	2	YE	s X I	NO 🗆
8-5-1907		lost birthdo		Months	Doys Hours Min.		2907 Pres	bury S	treet		
Washingto	on, D.C			W	TIZEN OF HAT COUNTRY?	13. FATHER	s NAME Vard Travi	S			
done during most of w Housewif	orking life, eve	kind af work en ifretired)		of Bu	SINESS OR INDUSTR		r's MAIDEN NA ginia Tra				
Yes, no or unknown)	DEVERIN	J.S. ARMED	FORCES	? 1	7. SOCIAL	18. INFOR	0		AD	DRESS	
No.	(if yes, give w	ar ar dates	of service)	2	SECURITY NO. 217-38-8112		Shelia Ir	vin			Street
412	, 21				CAUSE OF DEA	TH and	1	THE N			PROXIMATE INTERVAL
	OR CONDI		CTLY		Hypertens	ive/art	erioscler	otic c	ardiovas	cular	
	LEADING TO of meon the r		ina. e.a		(A)IMMEDIATE	AUSE		disea	se		
heort toilure,	osthenlo, etc.	If meons the	diseose,		DUE TO, OR	AS A CONSEQ	UENCE OF:				
	NTECEDENT C		GIVING		(B)	AS A CONSE	OUTNIES OF				
UNDERLYIN	R CONDITIO ABOVE CAU IG CONDITION	ISE (A) STAT	ING THE			AS A CONSE	SOUNCE OF:				
<u> </u>		1	100		(c)						
DISEASE OR	IFICANT CONTACT BUT NOT F	DITIONS CO RELATED TO GIVEN IN PA	THE TERMI	NAL							<del>dollaria a com</del> a cumum a quaga <sub>prop</sub>
20A. DATE OF	OPERATION	208. CON	DITION	OR WI	HICH OPERATION WA	S PERFORM	ED			21. AUTOF	SY? (Yes or No)
00										No	
V 22A. EXTERN UNDERLYING UTING CAL		RIB-	2  -	28. PL A	ACE OF INJURY (e.g., orm, factory, street, affice	in ar about 2 bldg., etc.)	C. WHERE DID (	(If In Baltimar	e City, give exac	t lacation)	
	Month) (Do		(Hour)	22E.	INJURY OCCURRED	2	2F. HOW DID IN.	JURY OCCU	IR?		
(APPROX.)				m. WHI	LE AT NOT	WHILE ORK					
	fy that I he	ld on Ir	nquiry [	1 1	nspection X Au	opsy 🗍	ond that on th	de baele	doodh I.,	-1-1-	
resulte	ed from: No		-		ident Suicid		. [				
	1	1		17			HIEF MEDICAL E		ed monner _		
ACTUAL SIGNATU	DE (h	all-	1.0	-	-7	ASCIO	TANT MEDICAL E		TXI.	r	DATE SIGNED
EXAMINE NAME (Ty	R'S Cha	rles S	5. Spi	ring	ate, M.D.		CIATE MEDICAL E			11, 1	.970
24A. BURIAL CREM REMOVAL (Specify	ATION. 24	8. DATE		24C.	NAME of CEMETERY	or CREMATO	RY 24D. 1	OCATION	(City, Iown,	or county)	(Stote)
Burial		6-13-	70	A	rbutus Memo	rial Pa	rk	Baltim	ore,	Maryl	and
25A. DATE REC'D B	Y HEALTH DI				REGISTRAR		UNERAL DIRECTO			DRESS	oc Ctreet
S 151 DEV 1/2/10	N121	AVI O	Aber 8	54	aben Hill	HUK	TON & DYE	11 F.	. 1/01	Laurer	is street

BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT DIRECTOR: FUNERAL

NO F If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct locotion) and that in (my) (aur) apinian death accurred an the date 23B. DATE SIGNED (City, town, or county) ADDRESS

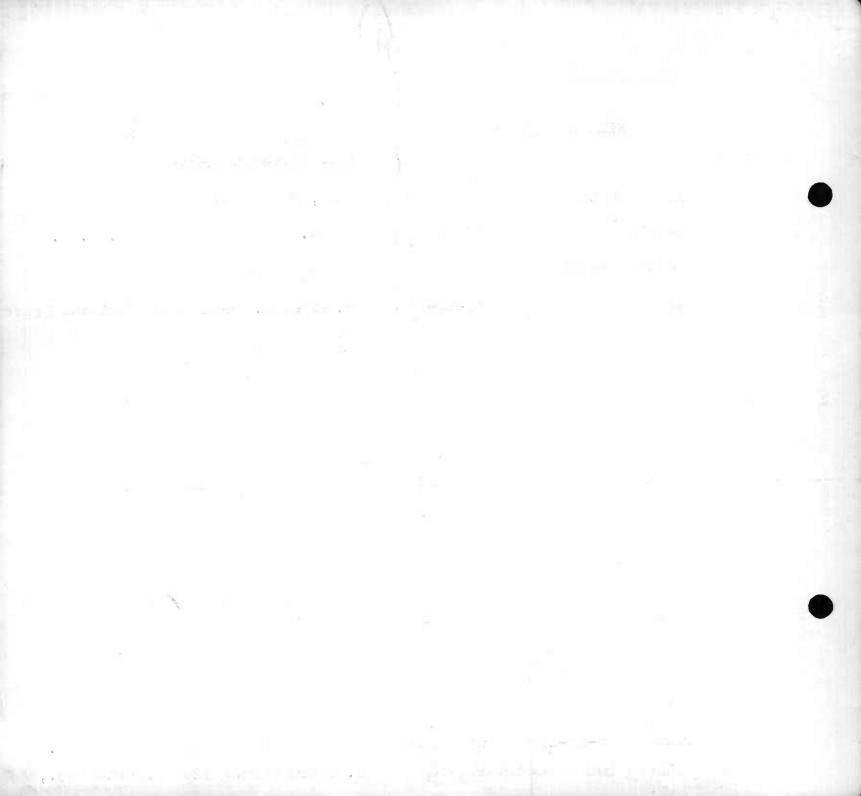




IMPORTANT

DIRECTOR:

FUNERAL



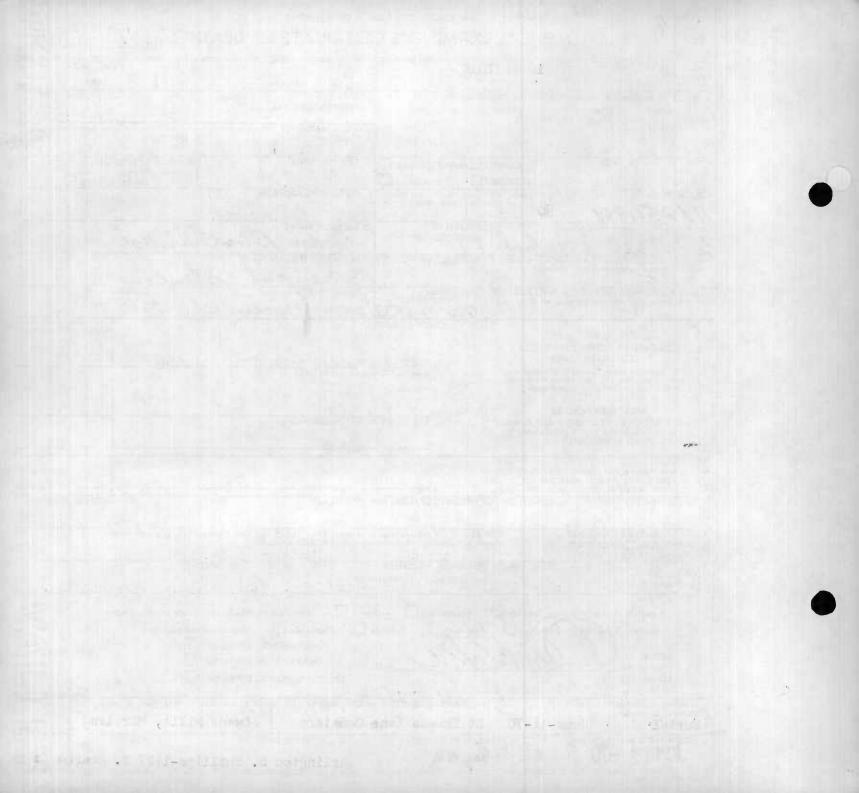


	R-120 70 6009		TE OF DEATH	reg. No. 7(	6009
	1. NAME OF DECEASED	٨	2. DATE AND	HOUR OF DEATH	. 1. 20
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNT)	deceased lived. If institutions	residence before admission)
2	FULL NAME OF HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)  WHITE HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)  WHITE HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	TON, GIVE STREET	C. CITY OR TOWN  E. STREET AND NUMBER	D. INSIDE CITY YES	mt
4			808 St	Paul (+	
	5. SEX 6. RACE 7. MARRIED WIDOWED X	DIVORCED	6.30.13	of birthday) Months	der 1 Yr. If Under 24 Hrs. S Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF a done during most of working life, even if retired)	USINESS OR INDUSTRY	11. BIRTHPLACE (Stale or foreign	country) 12. CI	TIZEN OF WHAT COUNTRY?
ī	13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	cratina	USA
	Peray Mary in at	on	14. MOTHER'S MAIDEN NAME LOZALA	a Digo	9/5
Ċ	15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	Thamas )	lelsen 14/9	ADDRESS Stands
	DISEASE OF CONDITION DIRECTLY	CAUSE OF DEATH		/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAUS	E Chronic A	Penal Pailuse	
	(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which caused death.)		CONSEQUENCE OF:	man pracus	
	ANTECEDENT CAUSES	m Rilas	- Stank as	a colonda	
	DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stalling the UNDERLYING CONDITION last.		CONSEQUENCE OF:	1 Dime	
	CHOSELING CONDITION TOSE	(c)	***************************************		
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	DISEASE OR CONDITION GIVEN IN PART I (A).  1994. DATE OF OPERATION 1998. CONDITION FOR WH WAS PERFORMED	ICH OPERATION	20A. AUTOPSYZ (Yes or No)	OB IF YES, WERE FINDING	S CONSIDERED DEATH?
1	OR CONTRIBUTING CAUSE OF home, elc.)	ACE OF INJURY (e.g., in form, foctory, street, offi	or about 21 & WHERE DID ce bldg., INJURY OCCUR?	(If In Baltimore City, gi	ve exact lacation)
1	21D. TIME (Month) (Doy) (Year) (Hour) 21E, IN OF INJURY (APPROX.) While Wark	At Not While At Work	21E. HOW DID INJUR	Y O CCUR?	
	22. I certify that (1) (this hospital) ottended the		( 2 19	7010 6	9 19 70
	that (I) (we) last saw the deceased offve on	6.9		in (my) (our) opinion dea	th occurred on the dote
ı	ond hour and from the couses stated above. (1) (	We) (did) (did not) vi	ew the body ofter death.	23B. DA	TE SIGNED
1	Felix T. Ma	Aften Phys.			9.70
	23 C. PHISICIAN'S NAME (Type)	23	D. ADDRESS		
2	24A. BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specily)	DEGREE E of CEMETERY OF CREA	ATORY 24D. LOC.	ATION (City, town,	or county) (Spate)
	Bureal 6/12/10 Dal	temuel 1	ational Ba	etimel	my-
2:	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF		25C. FUNERAL DIRECTOR	1. Millia	ADDRESS Mario
가는 V	VS 150-REV. 1/1/68		my gran	, Lour de l'	21111100000

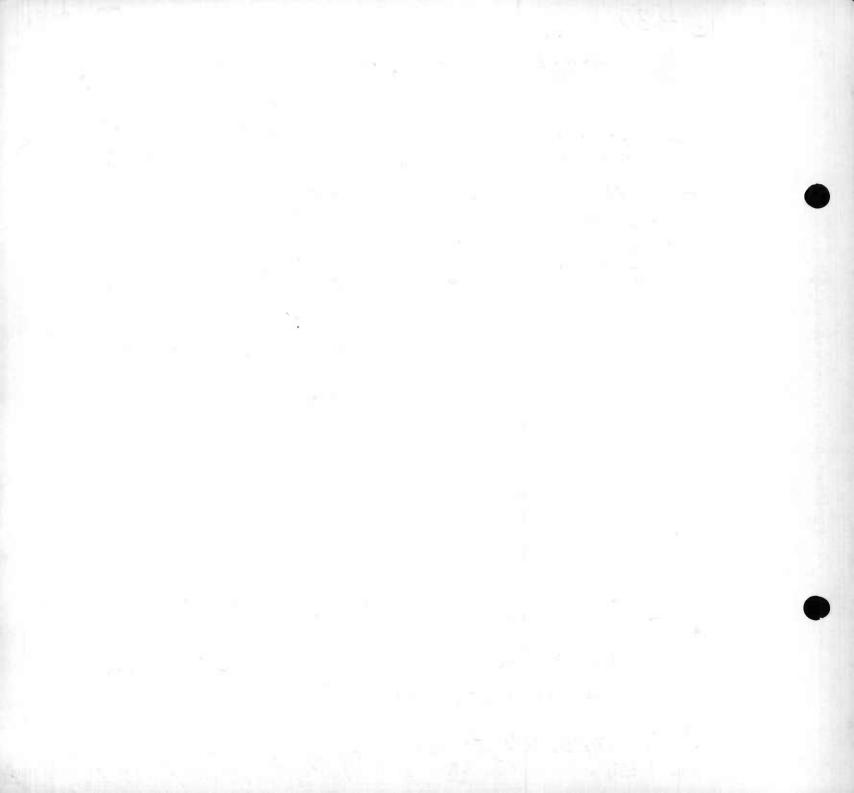


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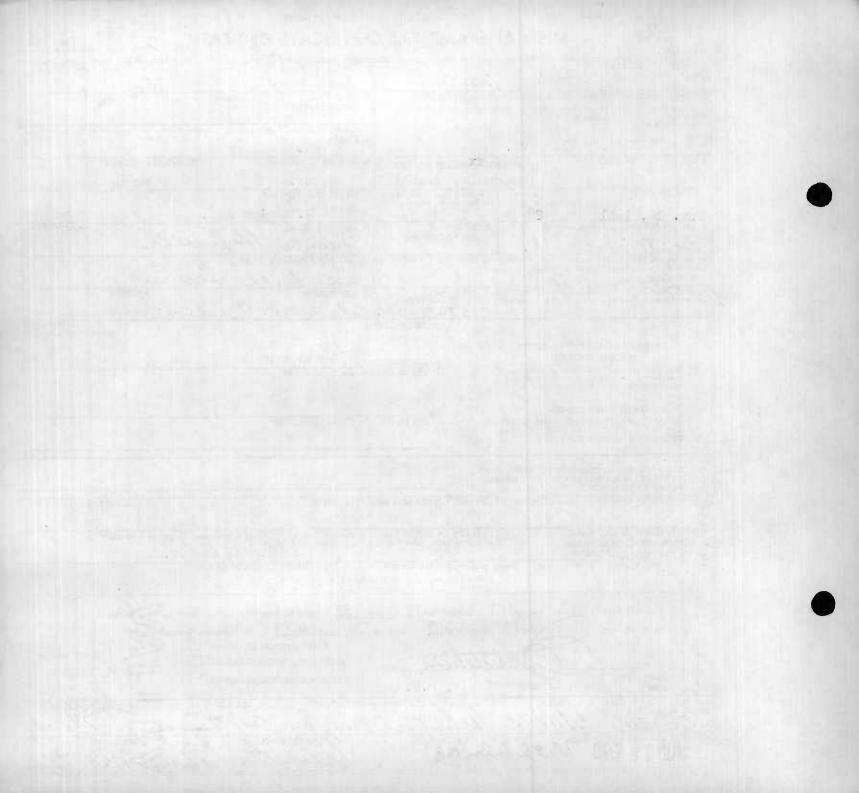
010	5-62	5		DICAL		AMINER'S				OF	DEAT	H REG. NO.	70	6010
1. 1	NAME OF DEC	EASED LEXANDE		CKENF		E)		DATE OF DEATH	Known		Month	Doy	Yeor	Hour
FUL	L NAME OF	TIMORE, MA	RYLAND, Y	VHERE PR	RONOU	NCED DEAD		3. DATE	UNCED DE	AD	Month	Doy	Yeor	Hour M.
	SPITAL			(ION)				5. USUAL I A. STATE		(Where	deceosed In	red. If institution B. COUNTY	1970 n: residence l	5:30 A.M. Defore odmission)
6. 5		nai Hos	pital	8. MARR	IED &	NEVER MARRIED		C. CITY O	Md.			D. INSIDE C	ITY LIMITS?	503
M	ale	Negr	0	WIDOW		DIVORCED		1	Balto.			Y	ES 🔽	по 🗆
9. 8	ATE OF BIRT		lost birthdo	n yeors y)	If Unde Months	or 1 Yr. If Under 24 Days Hours			AND NUM		Ave.			
11.	BIRTHPLACE (S	itate or foreign	Marin	land		IZEN OF IAT COUNTRY?		13. FATHER		1	ecke	neid	ge	
14A	USUAL OCCU	PATION (GIV	re kind of work ren If retired)	14B. KIND	OF BU	SINESS OR INDU	JSTRY	15. CMOTH	R'S MAIDE	NNAM	AE &	herela	101	
16. (Yes	WAS DECEAS	ED EVER IN	U.S. ARMEI	FORCES of service	) 17	SECURITY NO.	100	Jenn	1	uli	nasia		DDRESS 69 M	adison (1
CERTIFICATION	(This does in heart failure injury or con AI DISEASES (RISE TO THE UNDERLY))  OTHER SIGN TO THE DE	E OR COND LEADING TO to the mean the control of the plication while NTECEDENT OR CONDITI E ABOVE CA NG CONDITI IFICANT COL ATH BUT NO	D DEATH mode of dy It means the ch coused de CAUSES ONS, IF AN' USE (A) STA ION LAST.  II NDITIONS C I RELATED TO	ring, e.g., e disease, oth.)  Y, GIVING THE  ONTRIBUT	TING	DUE TO,	, OR AS	A CONSE	ADIO-CE QUENCE OF:		cal in	juries		
CERTIF		F OPERATION				HICH OPERATION	N WAS	PERFOR	MED					PSY? (Yes or No)
_1	22A. EXTER UNDERLYING UTING CA		TRIB-		22B. PL/ home, fo	ACE OF INJURY	(e.g., Ir	or about bidg., etc.)	INJURY OC	CUR?		or Mad:	oct location)	(head) 1303
	OF INJURY (APPROX.)	(Manth) (1 6-6-70	5:30	r) (Hou	WILI	ILE AT RK		-	22F. HOW I	DID IN	URY OCC	ur? cycle wl		alking.
		URE ER'S	latural cas	Portu	Ly	nspection 🗌	Autoulcide	ppsy⊠ □ H ASS	and the omicide C CHIEF MED ISTANT MED OCIATE MED	OICAL E	Undetermi XAMINER XAMINER	death in my ned manner [ 	i i	DATE SIGNED
RE	A. BURIAL CRE	MATION,	248. DATE June -1		24C.	NAME of CEMEN	TERY o					(City, town	n, or county	(Stote)
-	JUN 1	BY HEALTH		258. N	IAME O	F REGISTRAR		25C.	FUNERAL (	DIRECTO	OR .	A	DDRESS	onroe St
٧Ş	151-REV. 3/1/6	8	135	4,8	0		10		1	:)				V



150-REV. 1/1/68



1	0 500 70 6012 BALTIMORE CITY HE	ALTH DEPAR	TMENT					
П	MEDICAL EXAMINER'S	ERTIFIC	CATE OF	DEAT	H.	79	6012	5 "
	RTH NO.				REG. NO		002	_
	NAME OF DECEASED  pe or Print)  JANET MUSE  M. H.	2. DATE OF	Known 🔲	Month	Day	Year	Hour	
-	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH	Estimated 🗌					М.
FU	LI NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SSPITAL ADDRESS OR LOCATION)		NCED DEAD	Month 6	Doy 7	Year 1970	7:10 A	Δ
	RINSTITUTION	5. USUAL RE	SIDENCE (Where	deceased l	ived. If institution:		fare odmissia	n)
6	1628 W. Mosher Ave.	A. STATE	Md.		B. COUNTY	16	0.3	
6.	SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR	OWN		D. INSIDE CIT	Y LIMITS?		
	emale Negro WIDOWED DIVORCED		lto.		YE	s X N	0	
9.	DATE OF BIRTH   10. AGE (in years   M Under 1 Yr. II Under 24 Hrs.   Months; Days; Hours; Min.		ND NUMBER					
N	OV. 10. 1911 28 III		W. Mosher	r Ave.				
l'''	BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S	NAME	laker	well			
144	LUSUAL OCCUPATION (Give white of work) 148. KIND OF BUSINESS OR INDUSTRY	15 MOTHER	'S MAIDEN NAM	AE	7			
don	eduring markof warking life, even if retired)	ls	stolls	t	enus	/		
16.	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no or unknown) ((If yes, give war ar dotes of service)  17. SOCIAL SECURITY NO.	18. INFORM	ANT	-	AD	DRESS	-	
	157-32-3846	Edu	und?	Mus	L/12/	Luy	nus fai	uk
	19. CAUSE OF DEAT	Н					OXIMATE INTER	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	C	ahat man	-d -E	h a a d			
	(A)IMMEDIATE C	S A CONSEQU	ishot woul	na or	nead			
	injury ar complication which coused deoth.)							
	ANTECEDENT CAUSES (8)							
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQ	UENCE OF:					
Z	UNDERLYING CONDITION LAST. (C)							
ΑŢ	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							_
CERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
ERT	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORME	D			21. AUTOPS	Y? (Yes or N	(0)
10	2						es	
EDICA	22A. EXTERNAL CAUSE WAS  UNDERLYING ☐ CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., inches), forme, form, foctory, street, office home	n ar obout 22 bldg., etc.) IN	C. WHERE DID (I			tiocation)	2	_
ME	UTING CAUSE OF DEATH.  220. TIME (Manth) (Day) (Year) (Hour)   22E.INJURY OCCURRED			Mosher		160	-	
	(APPROX) 6-2-70 2 WHILE AT NOT	and a	F. HOWDID INJ					
	23. m. WORK AT WO	ORK A	hot by ur	IKHOWH	assalla	nt.		
	I certify that I held an Inquiry Inspection Aut	opsy X	and that on th	is basis,	death In my a	pinion		
	resulted from: Natural causes Accident Suicide	Hon Hon	icide X	Indetermi	ned manner			
	ACTUAL A		HIEF MEDICAL ED			D	ATE SIGNED	,
	SIGNATURE MULLIMINA M.D.		ANT MEDICAL EX	-	N N		AIL SIGILL	
	NAME (Type) Isidore Mihalakis, M.D.	ASSOC	TATE MEDICAL EX	CAMINER		6.	-7-70	
	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY C	CREMATOR	Y 24D. L	OCATION	(City, town,	or county)	(Stafe)	_
	Durial 6/11/10 ashutur	Menig	h. D.	elles	mare	/	no.	
25,	A DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FI	NERAL DIRECTO	R	AD AD	DRESS		
	001113	Ul	lught	LAM	Willia	1721	n. Mea	cal
VS	151-REV, 1/1/68		4					D/



VS 150-REV. 1/1/68

JOHN CRAWFORD

MD.

BALTIMORE

1623 WARWICK AVE

June 8, 1970 6. 45

XX

06/08/70

02/06/96 74

JACK CRAWFORD Sighter in fact EMMA BRAXTON

Malignant Hypticoytosis Imouth

Repartary Anemia Pancytoponia 10 4200

Experies & prob 2 weeks Experted 2 weeks

Fine gray 23 70 June 8 70

Chelgado

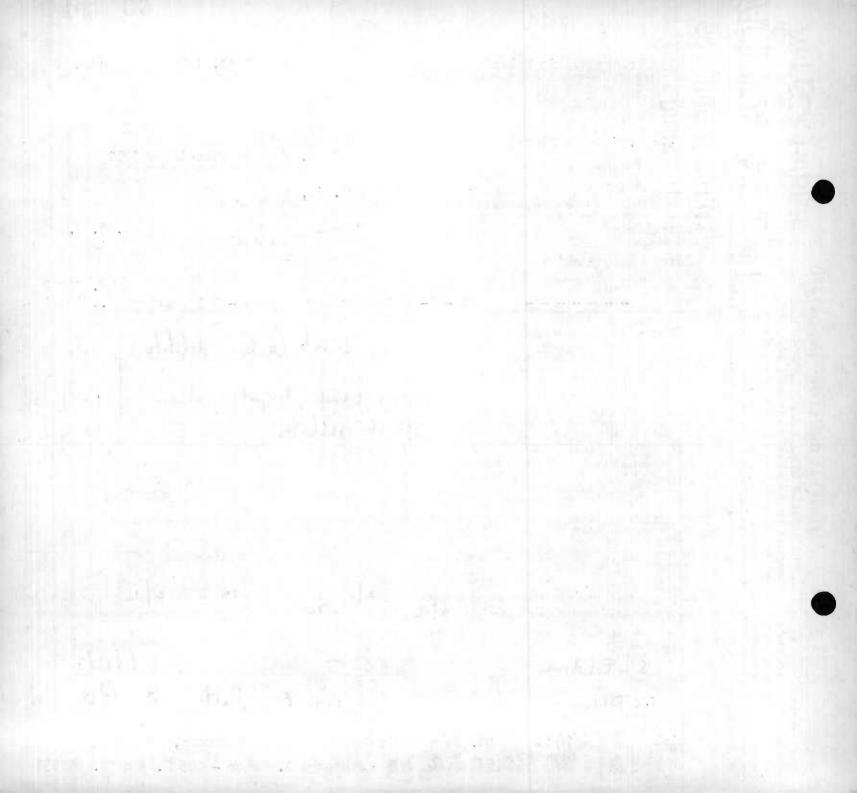
THE JOHNS HOPKINS HOSPITAL

IMPORTANT

FUNERAL DIRECTOR:

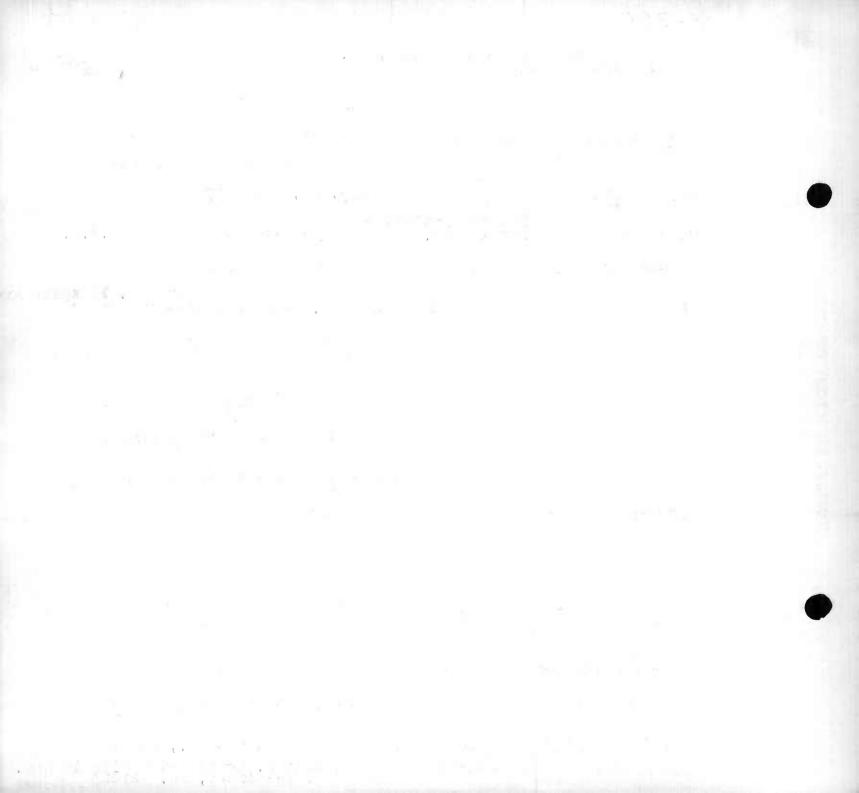
VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



FUNERAL DIRECTOR: IMPORTANT

	0 300		BALTIMORE CITY	HEALTH DEPARTM	MENT	mo 5015				
BIRT	IN NO.	6015	CERTIFICA	TE OF DEA	TH REG. NO	70 6015				
1. N (Typ			ES RITCHIE,	JR. 2. E	DATE AND HOUR OF DEATH	265				
3. 1	PLACE IN BALTIMORE, MARYLAND, W	TCHIE PROMO	INCED DEAD	I A HELIAL RESIDENT	6-12-70	stitution: residence before admission				
	THE IN THE PROPERTY OF THE PROPERTY OF	A H EKE PRONOL	INCED DEAD	A. STATE	& COUNTY	stitution: residence before admission				
FUI	LL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITU	JTION, GIVE STREET	MD.	BALTO.	25.34				
INS	STITUTION ADDRESS OR LOC	A IION)		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?				
5	Touth Baltimire Ge	mual L	losh.	BALTO.		YES NO				
9	forces to account to	, ,	7	E. STREET AND NU						
	43			3505 3	ST	21225				
5. S		7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	If Under 1 Yr. , If Under 24 H				
1	MLE CAVE	WIDOWED		Aug. 21,1		Months Doys Hours Min.				
IOA.	. USUAL OCCUPATION (Give kind of world	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stot	le or foreign country)	12. CITIZEN OF WHAT COUNT				
	e during most of working life, even if retired)	Easte	rn Stainles	1 1000 4	1110.110.10	U.S.A.				
	MECHANIC FATHER'S NAME	Steel	Corp.	USA	MARYCAND	U.D.A.				
		- 1		14. MOTHER'S MAIL						
	THOMAS RITCHIE		50)	BETT	Y Kosmal					
5. V Yes	Nos Deceosed Ever in U.S. Armed For , no or unknown) (If yes, give wor or dote	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT	260	8 W. Appless				
	No		215 28 128	D Mana Ma						
T	18.		CAUSE OF DEATH		ary Jean Ritch	nie 21230				
-	DISEASE OR CONDITION DI	DECTIV	0		1. 0 4	BETWEEN ONSET AND DEA				
-	LEADING TO DEATH	KECILT			rdiae arrest	44.410				
-	(This does not meen the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SE (/ A CONSEQUENCE OF:	\	MINS				
- 1	hearl loilure, asthenia, etc. It means injury or complication which coused	the disease.	000 10, OK A3 /	A CONSEQUENCE OF:						
			1 +	ME	2/ / .					
	ANTECEDENT CAUSES		(8) acule	17.1 13	accung	HRS				
	DISEASES OR CONDITIONS, il	ony, giving	7	A CONSEQUENCE OF	, A					
	UNDERLYING CONDITION lost	sioning ine	(c) Janne	's Cirlio	810 & Portal Huye	ution YEARS				
-	Ш									
S	OTHER SIGNIFICANT CONDITIONS CO		5. /	7	h. 100/2 // 100000	10				
F	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR	HE TERMINAL	Spelle	uchny in	past for Hyperspice	ENSH 1969				
2	19A. DATE OF OPERATION 198. CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Ye	es or Na) 208. IP YES, WERE F	INDINGS CONSIDERED JSES OF DEATH?				
ERTIFICATION	2 None WAS PERI	FORMED		1/55	IN CERTIFYING CAL	JSES OF DEATH?				
وات	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218.1	PLACE OF INJURY (e.g., In	or obout 21 C. WHERE	DID (II in Soltimore	City, give exoct location)				
∢ II	DEATH (notify medical examined	home etc.)	, form, foctory, street, of	ice bidg, INJURY OC	CU R?					
0	21D.TIME (Month! (Doy) (Year)	(Hour) 215	INJURY OCCURRED	215 1101	DID BULLING A COLLEGE					
5 6	OF INJURY		e At Not White		DID INJURY OCCUR?					
1	(APPROX.)	Work	At Work							
5	22. I certify that (I) (this hospital	) oltended the	e deceosed from	6-11	19 70 to 6	-12 19 70				
			A							
- 1	one that in my tour aprillion deeth occurred on the de									
1	1	ed obeve /IN	(Wa) (JIJ) (JIJ)	lance at a 1 1 de	I at					
1	ond haur ond fram the couses stat	ed obave. (I)	(We) (did) (did not) vi	lew the body ofter	deoth.	COOR DATE CONT				
1	ond haur ond from the couses stat 23A. SIGNATURE	red obave. (I)				23 & DATE SIGNED				
2	ond haur ond from the couses state 23A. SIGNATURE  Muald M	ed obave. (1)		nding Med.	Staff [7]					
2	ond haur ond from the couses stat 23A. SIGNATURE	ed obave. (1)	Albert Phys.	nding Med.	Staff [7]	238, DATE SIGNED 60-12-70				
2	ond haur ond from the couses state 23A. SIGNATURE  Limited M. 23C. PHYSICIAN'S NAME (Type)	utos	Atter	nding Med.	Staff [7]					
2	ond haur ond from the couses state 23A. SIGNATURE  Limited M 23C. PHYSICIAN'S NAME (Type)  DONACD M  BURIAL CREMATION, 124B. DATE	utos	Albert Phys.	Med. Director  3D. ADDRESS  South 1	Balte- Hen.	6-12-20 Husp.				
2	ond haur ond from the couses state  23A. SIGNATURE  Amald M  23C. PHYSICIAN'S NAME (Type)  DON ACD  BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	WOOD 24C.NA	DEGREE Physics DEGREE	Med. Director  3D. ADDRESS  South 1	Balle - Hen.	CO-1Z-Zo  Husp.  (Stolel				
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ond haur ond from the couses state  23A. SIGNATURE  Limit All  23C. PHYSICIAN'S NAME (Type)  DONACD  BURIAL CREMATION, 24B. DATE REMOVAL (Specifyl  Burial  6/15/	WTOD 24C.NA	DEGREE Phys  DEGREE  DEGREE  ME of CEMETERY of CRE  Crest Lawn	ading Med. Director  3D. ADDRESS  South /	Bulle - Hen.  24D. LOCATION (City	Husp. (Stolel				
2 2 2 2 2 2 2 4 4 8 -	ond haur ond from the couses state  23A. SIGNATURE  Amald M  23C. PHYSICIAN'S NAME (Type)  DON ACD  BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	WOOD 24C.NA	DEGREE Phys  DEGREE  DEGREE  ME of CEMETERY of CRE  Crest Lawn	ading Med. Director  3D. ADDRESS  South /	Bulle - Hen.  24D. LOCATION (City	CO-1Z-Zo  Husp.  (stolel				

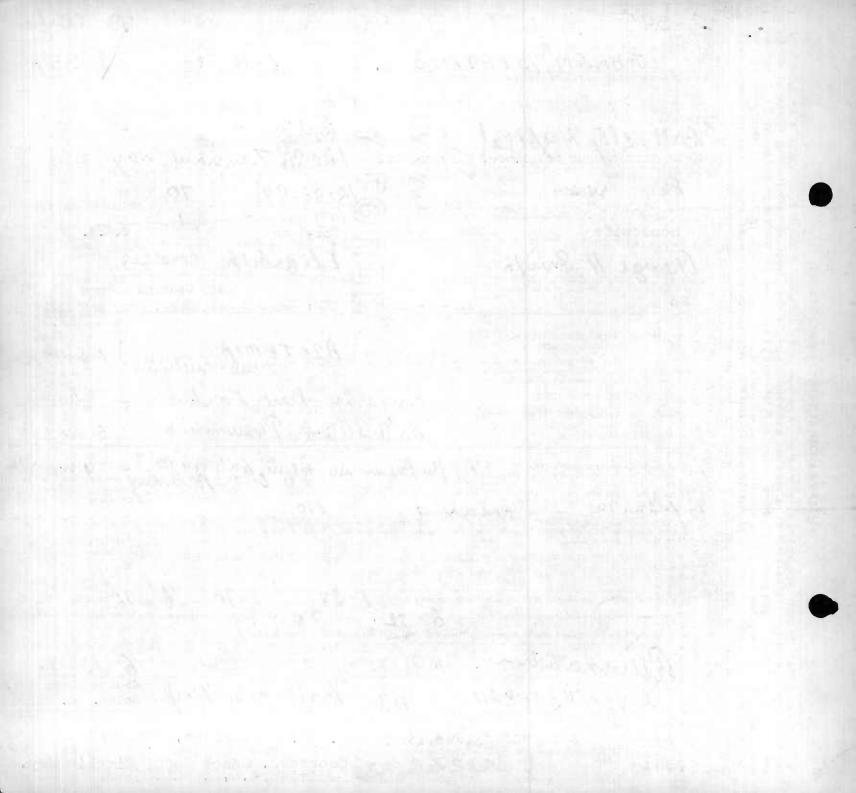


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7. 354457

VS 150-REV. 1/1/6B

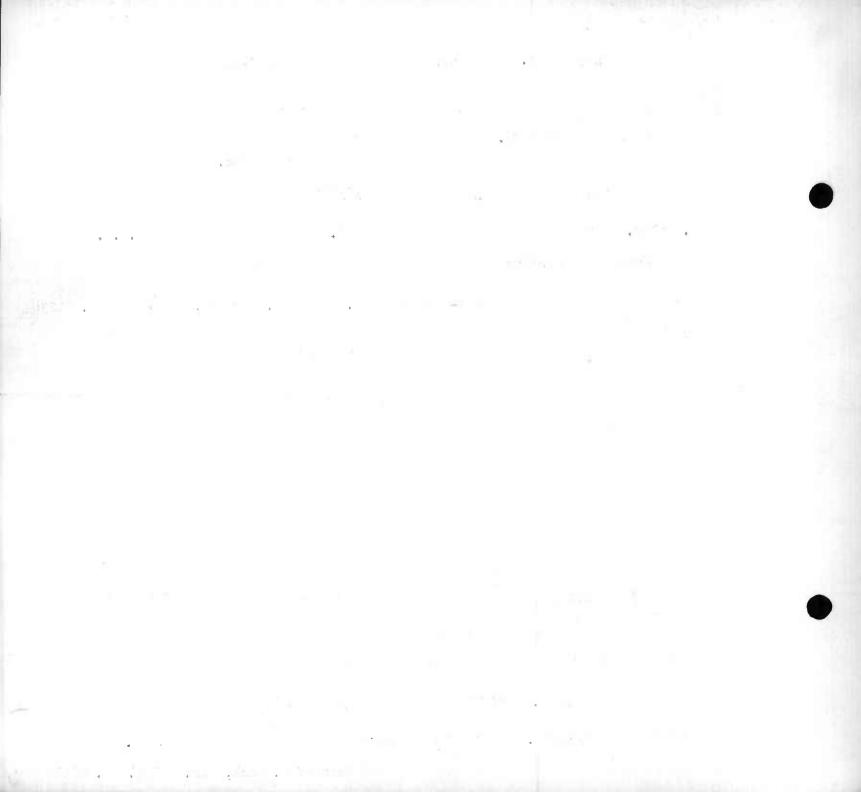
BALTIMORE CITY HEALTH DEPARTMENT



10	1.215	1770	6018		TE OF DEATH	REG. NO	70 6018
1. N	TH NO.  AME OF DECEASED  e or Print)		JOSEPH	McCUBBIN	2. DATE AN	11, 1970.	м.
FU	TITUTION	F NOT IN HOSPI DDRESS OR LOC	TAL OR INSTITUTE	JTION, GIVE STREET	Md.  C. CITY OR TOWN  Baltimore	TY	SIDE CITY LIMITS?
	the Unio	on Memoria	al Hospi	tal	E. STREET AND NUMBER	3442 Park	lawn Avenue
	Male W	hite	WIDOWED		Nov. 23, 1893.	ost birthdoy) 76	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION during most of working Secretary	tife, even il retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign		USA
13.	FATHER'S NAME	John Mc	Cubbin		14. MOTHER'S MAIDEN NAM	U <b>nknow</b>	n
	Wos Deceased Ever i , na or unknown) (If ye			SECURITY NO.	Mr. Clifford Lu	nd,1604 No.	rthwick Rd. 21218
CATION	DISEASES OR CITISE TO THE DEATH BUT DISEASE OR CONDITION	ove couse (A) NDITION last.  I CONDITIONS CO NOT RELATED TO	any, giving stating the ONTRIBUTING THE TERMINAL RT 1 (A).	(B) WHUM  (C) POSTOPULATO  WHICH OPERATION	A CONSEQUENCE OF:  L Halus Cascu	10 pus dary	
ERTIFIC	19A. DATE OF OPER	WAS PE	RFORMED				FINDINGS CONSIDERED AUSES OF DEATH?
CAL C	21 A. ACCIDENT W. OR CONTRIBUTING DEATH (notify medic	col examiner)	etc.	ne, form, factory, street, a	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?		ore City, give exact lacotian)
MEDI	21 D. TIME (Mon OF INJURY (APPROX.)	th) (Doy) (Yeor		ile At Not Whi	e  21F. HOW DID INJ	URY OCCUR?	
744	22. I certify that that (I) (we) last and hour and from 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	sow the deceos the couses-str	ed alive on	he deceosed fram  (We) (did) (did not)  DEGREE Physics	19 10 and the view the body ofter death.  Sending Med. Director 23D. ADDRESS 5017 Ha	Shoff Phys.  arford Road	19.26  inion death occurred an the date  23B. DATE SIGNED  (7 b)  Balto. Md.  City, town, or county) (State)
	REMOVAL (Specify Burial	6/15/	70. Ho	ly Redeemer C		Baltimor	1
	JUN 1 5 19	10 1650	E. Jack	by Ald	Leonard J. F	luck, Inc.	Balto. Md. 21214

rate at material at the first of the top to the Catal and the property of the last content to the state of THE RESERVE OF THE PARTY OF THE

1/	600	150		BALTIMORE CIT	Y HEALTH DEPA	ARTMENT			70	60	19
BIRTH N	0.	70	6019	CERTIFICA	ATE OF D	EATH	REG. NO.			O(,	
(Туре от		Carrie	J•	Hoerr	•		ID HOUR OF DEA $1-70$	TH	1		
3. PLAC	E IN BALTIMO	ORE MARYLAND,	WHERE PRON	OUNCED DEAD	4. USUAL REST	DENCE (When	e deceased lived.	If institution:	residenc	e beforo	odmissia
FULL NA HOSPITA INSTITUT	AME OF	(IF NOT IN HOSE	TAL OR INST	TUTION. GIVE STREET	Mar	yland			21	75	7
INSTITUT		-			C. CITY OR TOV		D.	INSIDE CITY	_		,
	Unio	n Memoria	L Hosp.		Baltime E. STREET AND			YES X	<u> </u>	NO	)
4	14				11	Harview	Ave.				
5. SEX	6. R	ACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIR		% AGE (In years	If Unc	er 1 Yr.	, If Un	der 24 Hr
F		White	WIDOWE		8/1/1888	U	lost bitthday	Manin	Days	Haurs	Min.
done durin	AL OCCUPAT	ION (Give kind of we	ork 108. KIND	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	(Stote at fore	gn country)	12. CI	TIZEN OF	WHAT	COUNTR
	Balto.		<b>'</b>		Md.			11	S.A.		
13. FATH	ER'S NAME				14. MOTHER'S	MAIDEN NA	ΛE	1 0	O are a		
	Jame	es Je	nkins				et Turner				
5. Wos I Yes, no or	eceased Ever	in U. S. Armed F es, give war or do	orces? les of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ī			ADDR	ESS	
Ne				217-48-8327	Mr. Grov	ver C. (	Clemson, 29	11 Top	az R	d. 2	1234
18.	379	7 I		CAUSE OF DEAT					APPRO	STAMIXO	INTERVAL
17	DISEASE OF	R CONDITION D	DIRECTLY			10.	601	1	BETWEEN	N ONSET	AND DEA
IThin		DING TO DEATH	•	(A) IMMEDIATE CA		cene	letter	12	110	alla	ella
heor	foilure, asihe	ean the mode o	s the disease	DUE TO, OR AS	A CONSEQUENCE	E OF:			_		
injury		lion which couse			6 11	( 1)			)	1/1	1.
		CEDENT CAUSE		(B) (	- 6.	16			1		
rise	lo the ob	ONDITIONS, il pove cause (A) ONDITION last	any, giving stoling the	DUE TO, OR AS	A GONSEQUENC	MA	Mede	elles	3.	46	1 -
		11		(0)			//			-fl	
OTHE OTHE	RSIGNIFICAN	T CONDITIONS C	ONTRIBUTING			,		1			
A DISE	SE OR COND	T NOT RELATED TO ITION GIVEN IN PA	THE TERMINAL	***************		***************************************		******			***********
194.0	ATE OF OPE	RATION 198 CO	NDITION FOR	WHICH OPERATION	20A. AUTOPS	Y? (Yes or Na)	208. IF YES, WE	RE FINDING	S CONSI	DERED	
21A.	ACCIDENT W	AS UNDERLYING	21	B. PLACE OF INJURY (e.g.,	n ar obout 21 C. W	HERE DID	(If In Bolt)	mare City, gi	ve exort	locotine	
OR C	ONTRIBUTING H (notify medi	cal examined	ho	B. PLACE OF INJURY (e.g., me, form, factory, street, a	ffice bldg., INJURY	OCCUR?	pr m pom	with At	AVEI	.vevaun;	
D 210.7	IME (Mo	nth) (Day) (Yeor	1 (Houd) 21	E INJURY OCCURRED	21F. HC	ILNI DID WO	JRY OCCUR?	··			
S OF IN			w	hile At Not While	• —				/		
22 1		/t> /stant	AA.	ank L AT WOR		57			1		
				the deceased from	17		9to	4/11	170	1	9
		saw the deceas			19		ot in (my) (o <del>ur)</del>	apinian dec	oth accu	orred ar	the do
and I	our and from	n the couses st	oted above.	(1) (We) (did) (did not) v	lew the body a	fter death.					
23A. S	IGNATURE	11.4.	Has.	(1/2 11)				23 B, DA	TE SIGN	ED /	
1	UNU	111 (/	wet	DEGREE Phy		irector	Staff Phys	6	0//	17	0
23C. P	HYSICIAM'S IAME (Typel	Walter	E. Karf		23D. ADDRESS	the	hrd &	PA		/	
24A. BURI	AL CREMATIONAL (Specify			AME of CEMETERY of CR	MATORY	24D-11	CATION	(City, town,	Or count	41	(State)
REM Bu	oval (Specify	6/15/		Oaklawn Cemet		100	Baltimo		-	74	( state)
	E REC'D SY H				25C. FUNERA	L DIRECTOR	Der Critto	re, mu		DRESS	
JU	IN 15 19	170 Variet	E. Vals	OF REGISTRAR			uck, Inc.	Balto			ולר
	V. 1/1/68		1	100	200,100	10			2100		



Fasher, M.D.

VS 151-REV. 1/1/68

Eugenia K. Seitz 5209 York Road

Seitz Funeral Home Balto. Md. 21212

VS 151-REV. 7/1/68

Howard H. Hubbard, 4107 Wilkens Ave. 21229

PARTY THE CALL S

0 , ,,	/ 70	6022 BALTIMORE CITY HE	ALTH DEPARTMENT		
C-6/4	MED	ICAL EXAMINER'S	CERTIFICATE OF	DEATH PEG NO	70 6022
BIRTH NO.				REG. IV	
I. NAME OF DEC		COURVILLE	2. DATE Known A DEATH Estimoted	June 9, 197	O Year Hour
4. PLACE IN BAI FULL NAME OF HOSPITAL	(IF NOT IN HOSPITA	HERE PRONOUNCED DEAD LORINSTITUTION, GIVE STREET	3. DATE PRONOUNCED DEAD	Month Day June 9, 197	Yeor Hour
OR INSTITUTION	ADDRESS OR LOCAT		IIA CTATE		on: residence belare admission)
6. SEX	5931 Radake	8- MARRIED NEVER MARRIED	Maryland C. CITY OR TOWN	ID. INSIDE	CITY LIMITS?
Male	White	WIDOWED DIVORCED	Baltimore		YES NO
9. DATE OF BIRT	lost birthday	) Months Days Hours Min.	5931 Rada	ke Avenue	
Toront	State or fareign country)  o (anada	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME		
4A-USUAL OCCU	warking life, even, if retired)	4B. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NA unknown	ME	
6. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES? 117. SOCIAL	18. INFORMANT		ADDRESS
no	none	081-05-0927	Family		
This does a heart foilure injury or car linjury or	LEADING TO DEATH  not mean the mode of dyli, osthenia, etc. It means the mplication which coused deal  NTECEDENT CAUSES OR CONDITIONS, IF ANY, E ABOVE CAUSE (A) STATI NG CONDITION LAST.  II  IFICANT CONDITIONS CO ATH BUT NOT RELATED TO PA	GIVING (B) DUE TO, OR OR THE (C)	AS A CONSEQUENCE OF:		
DAIE OF	FOREKATION 20B. CON	DITION FOR WHICH OPERATION W	AS PERFORMED		21. AUTOPSY? (Yes or No)
UNDERLYING UTING CA	NAL CAUSE WAS GOR CONTRIB- USE OF DEATH. (Month) (Doy) (Year)	(Hour) 22E.INJURY OCCURRED	in or obout 22C, WHERE DID bidg., etc.) INJURY OCCUR?  22F. HOW DID IN WHILE ORK		NO xact location)
1 cert	ER'S Charles		CHIEF MEDICAL ASSISTANT MEDICAL ASSOCIATE MEDICAL	EXAMINER X	DATE SIGNED June 9, 1970
REMOVAL (Special		Baltimore (			vn, or county) (Stote)  Maryland
JUN 1	5 1970 Poles	258. NAME OF REGISTRAR	John Burns	Sons To	Maryland  ADDRESS  Woon Maryland
S 151-REV. 1/1/68			16007		

Radecke Ave.

0111/2	BALTIMORE CITY	Y HEALTH DEPARTMENT		70 6023
BIRTH NO. 70 60	23 CERTIFICA	TE OF DEATH	REG. NO	70 6023
NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
Oliver, "arry	C.	June 1	1th,1970	1:15PM M
3. PLACE IN BALTIMORE, MARYLAND, WHERE I	RONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If in	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPIYAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE SYREEY	Maryland		1903
Saint Agnes Hosp		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
Caton and Wilke		Baltimore		YES X NO
40	21229	1826 W. Lombar	d Street 2	1223
SEX 6. RACE 7. MA	RRIED NEVER MARRIED		AGE (in years est birthdoy)	If Under 1 Yr If Under 24 Hrs.
	OWED DIVORCED	1 10/11/93	76	Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 108, K)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign	n country)	12. CITIZEN OF WHAT COUNTRY
Lentor Gerator Por	- 100 · H.	B. + 7	7	7. 6.
3. FATHER'S NAME	rat Jakes Stakes	14. MOTHER'S MAIDEN NAM	ey.	1 U.V.A.
000	,	2	_	
Was Decensed from in 11 S. American	114 6001111	Gune.		
Way Deceased Ever in U. S. Armed Forces?	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
yes n.m.I	217-07-99306	deth Oliver-	1826 W.	Londe P St.
Q18. 410 9 1	CAUSE OF DEAT	Н	,,,	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		m		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE ///essive	m90 00	ndeed
(This does not meon the mode of dying, heart foilure, asthenio, etc. It meons the dis	eose,	A CONSEQUENCE OF:	l	***************************************
injury or complication which coused deoth.)	(	1		
ANTECEDENT CAUSES	(B) lu i	er eleon		
DISEASES OR CONDITIONS, if any, is losting	iving DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	ine (c)	1 ( - U ' D)		
	ING			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	INAL	************************		
19A DAYE OF OPERATION 19R CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUYOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A- ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, farm, foclory, street, of	or obout 21C. WHERE DID	(If In Boltimor	e City, give exact location)
DEATH (notify medical examined	home, farm, fociory, street, of	fice bidg., INJURY OCCUR?	W. III. 00	only give exact location;
21D. TIME (Month) (Doy) (Year) (Hous) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?	
(APPROX)	While At Not While At Work	· 🗆 📗		
22. I certify that (I) (this hospital) atten	ded the deceased from		60 to fe	ene 11 1970
that (!) (we) last sow the deceased offve			1/	nion deoth occurred on the date
and hour and from the causes stated abo	17			deam accounted on the date
23A. SIGNATURE		iow the body difer death.		23B, DAYE SIGNED
Lauley	The second second	nding A Med. St	off D	6.12.20
23C.PHYSICIAN'S NAME (Type)	DEGREE	3D. ADDRESS	,,	
Dr. Star	nley Ankudas MD.	1101 Marken	Chair	0 7 20
IA. BURIAL CREMATION, 248, DAYE  2	C. NAME OF CEMETERY OF CRE		ATION (Cit	ly, town, or county) (State)
REMOVAL (Specify)	t 0 - 1	0_	13	a )
SA. DAYE REC'D BY HEALTH DEPT. 256. TH	MEGF-REGISYRAR	6 Omober		ell hed
JUN 15 1970 Pale E. Jans	ALL REGISTRAN	25C, FUNERAL DIRECTOR	enston De	9ADDRESS St
\$ 150-PEV 1/1/48	and the second	ON THE PROPERTY OF	Will Street	Hollind

and the

FUNERAL DIRECTOR: IMPORTANT

1	11-223	laves		BALTIMORE CITY	HEALTH DEPARTMENT		PM (2)
BI	RTH NO.	70	6024	CERTIFICA	TE OF DEATH	REG. NO.	70 6024
1.	NAME OF DECEASED		11			D HOUR OF DEATH	
	ype or Print)	PETER	M. W157	STADT .		-8-70	5:254
3.	PLACE IN BALTIMO	E MARYLAND,	WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (When	e decoosed lived. If institu	ution: rosidence before admission)
FU	ULL NAME OF	F NOT IN HOSP	TAL OR INSTITU	TION, GIVE STREET	MDI	2 mm	1641
IN H	OSPITAL OR	ADDRESS OR LOC	(ATION)		C, CITY OR TOWN	D. INSIDE	CITY LIMITS?
ľ	33				BALTIMORE	YI	ES X NO
	CHURCH	HOME	4 HOSP	ITAL	5 40 NUMBER	ELL AVE	. #21206,
5.	SEX 6. RA	CE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	AGE /In waste	Under 1 Yi. if Under 24 Hrs.
L.	MALE	WHITE	WIDOWED		14-11-93	76	Tours Doy's Hours Min.
	A. USUAL OCCUPATION of working	N (Give kind of wo life oven if retired)		BUSINESS OR INDUSTRY	11. SIRTHPLACE (State of foreign	gn country) 1	2. CITIZEN OF WHAT COUNTRY?
_	SURVEY	Ku	RE	TIRED	MD.		U. 5,A.
13.	FATHER'S NAME	. \			14. MOTHER'S MAIDEN NAM		
	ONN	WITT	STADT		FORTINA	TA BEI	4R
15. (Ye	wos Deceased Ever in s, no or unknown) (If yes	n U. S. Armed Fo	orces?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO		1	214-40-4617	MARGARET	HUBER	SAME.
Г	18. / 92 X	1		CAUSE OF DEATH		1100-11	APPROXIMATE INTERVAL
		CONDITION D		throng	* A NOW	1. alkaloni	BETWEEN ONSET AND DEATH
	(This does not me	ING TO DEATH		(A) IMMI DIATE CAU	SE my	Cal what In	
١,	I hearl failure, asther	ig. elc. Il mean-	s the disease	DUETO, OR AS	CONSEQUENCE OF:		***************************************
	injury or camplication	EDENT CAUSE		Deal	li line.		
				(8)	100 / 0		
	DISEASES OR CO	ve cause (A)	slaling the	12	A'CONSEQUENCE OF:		
	UNDERLYING CON	IDITION last.		(c) PMC	wondy g	withston	<
z		11		1	/ / .	<i>V</i> /	
110	TO THE DEATH BUT	NOT RELATED TO 1	HE TERMINAL	ASCUV R	chome &	lovopen My	hif,
CERTIFICATION	19A. DATE OF OPERA	ON GIVEN IN PAI	RT 1 (A).	IICH OPERATION	20A. AUTOPSY? (Yos or No)	208 IE VES WESE SIND	This considers
RTIF	0	WAS PER	FORMED			IN CERTIFYING CAUSES	OF DEATH?
S	21 A. A CCIDENT WA	S UNDERLYING	21 B. PI	LACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(il in Saltimore Cit	ty, give exoct location)
CAL	DEATH (notify medica	exominer)	etc.)	form, foctory, stroet, all	ice bldg., INJURY OCCUR?		
MEDICAL	21 D. TIME (Mont	h) (Doy) (Year)	(Hour) 21E II	NJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
Z	(APPROX.)		While Work	At Work			
	22. I certify that (	l) (this bosnita			5 27 10	70	1.8
	that (1) (we) lost s			6 - 8		t la (=v) (avs) as la la a	19
				(We) (did) (did net) vi	ew the body after death.	in (my) tour) apinian	death accurred on the date
	23A. SIGNATURE			() (a.a) (a.a nai) 41	ew the body after death.	23.8	, DATE SIGNED
	Cora 20	n 21	Lergan	A LA . After	ding Med. S	toff D	Bur 8 162.
	23C. PHYSICIAM'S NAME (Typel		Y	DEGNEL	3D. ADDRESS	hys.	7-170
	CORA 20	N Z.	VERGA	na M.D.	Cheuch Home	¿ Hora. Bo	elt, met.
244	BURIAL CREMATIO		24C. NAN	DEGREE			own, or county) (Stotel
	BURIAL	4-11-	-70 HOI	Y REDEEME		BELAIR RD.	
25 A	DATE REC'D BY HE	AL H DEPT.	STE AME OF	RECISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
J1	JN 1 5 1970	Josep E.	auben 12		21 0 1 2	ber 9015:1	CONKLING ST.
VS	150-REV. 1/1/68		-15		Turney A. Je	BALT	01,21224, MD.

A Land and A Land and

25C. FUNERAL DIRECTOR

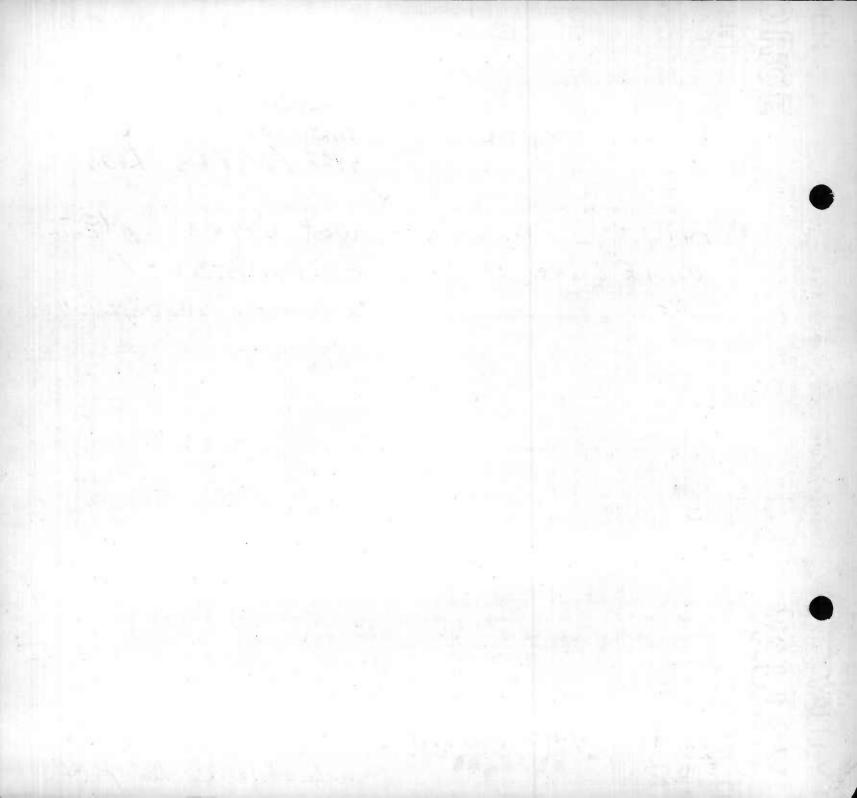
Was

25A. DATE REC'D BY HEALTH

VS 150-REV. 1/1/6B

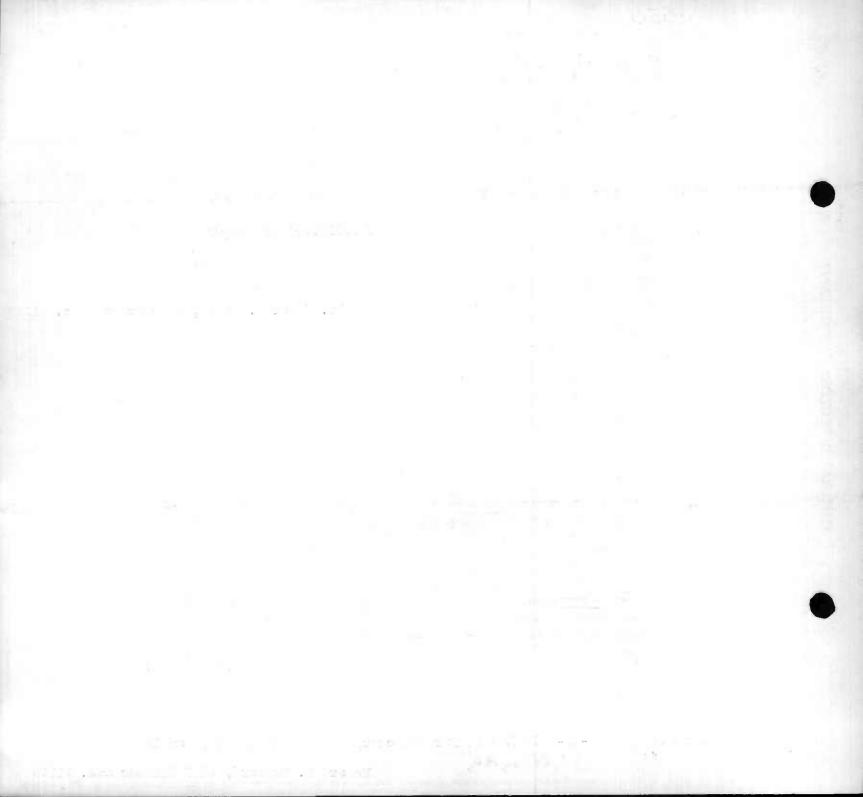
BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.

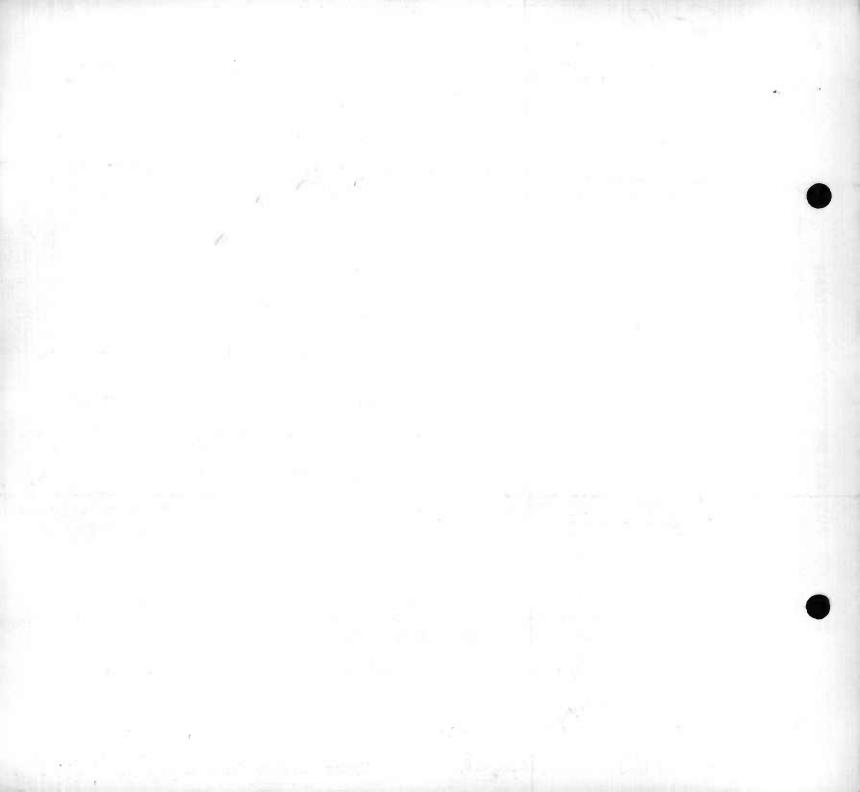


This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-530 70 6026		HEALTH DEPARTMENT	REG. NO.	70 6020
BIKIH NO.	CERTIFICA	TE OF DEATH	KEO! 110.	QUEG
1. NAME OF DECEASED	EC 21		NO HOUR OF DEATH	
31111	1,1.7.			70 15-15 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	1.5		ore decoased lived, II in NTY	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU ADDRESS OR LOCATION)	TION, GIVE STREET	39MD	,	1.643
UNION MEMORIAL +	INSPITAL	C. CITY OR TOWN		DE CITY LIMITS?
ONITIONE	,	BALTIMU	12 13	YES NO
44		E. STREET AND NUMBER	DIMAN AVE	
	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DIVORCED	01-30-96	74	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if refired)	BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
RETTRED		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Maryland	AMERILAN
13. FATHER'S NAME	7.	14. MOTHER'S MAIDEN NA	ME ,	
JAMES. M. SMI)			FRAZIE	
(Tes, no of unknown) (It yes, give wor of dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	ON HALL	S ADDRESS () MM,
UNKNOWM	215-01-853	PV. A		06 Erdman Ave. 21213
18./000 YSL 1250 Q	CAUSE OF DEATH	i iii. Dagar i	1. Dillicit, Jy	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	/ANIMMEDIATE CAU	SE UREMIA		
(This does not mean the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease, injury as camplication which caused death.)	DUE TO, OR AS	A CONSEQUENCE OF:	***********************	***************************************
ANTECEDENT CAUSES	スニャ	riGN PKDS	TATIL LY	OF DI DAD LIV
DISEASES OR CONDITIONS, if ony, giving	(B) DUE TO OR AS	A CONSEQUENCE OF:	7011671	EXTEN PT
rise to the above cause (A) stating the				70/10
UNDERLYING CONDITION Josi.	(c) iY U W.	FUNCTONI	NG KID	11/67
z II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	PIAA	SETES ME	LLITUR	
O DISEASE OR CONDITION GIVEN IN PART 1 [A].	***************************************			***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].  19A-DATE OF OPERATION 19B CONDITION FOR WI WAS PERFORMED  121A ACCIDENT WAS UNDERLYING 1	TICH OPERATION	20A- AUTOPSY? (Yos or No	IN CERTIFYING CAU	INDINGS CONSIDERED
U 21A ACCIDENT WAS UNDERLYING   21B.P	LACE OF INITIAL IN	or obout 21 C, WHERE DID	06 1. 0 - 11	Ch. I
LOP CONTRIBUTING FCALLER OF THE		ice bldg., INJURY OCCUR?	(ii in sollimore	City, give exoct location)
		_		
= IOF INJURY	NJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.) While	At Work			
22. I certify that (t) (this hospital) attended the	deceased from	C130/26 .	10 700 6/1	1970
that (I) (we) last saw the deceased alive on				Ion death occurred on the date
and hour and from the causes stated above. (1)	(We) (did) (did-not) vi	ew the bady after death.		
23A, SIGNATURE			(1002	23 R, DATE SIGNED
+ Meal	After Phys.	iding Med.	Stoff Phys.	£/11/70
23C. PHYSICIAN'S NAME (Type) AMIEMIA	M D	3D. ADDRESS		
	AE of CEMETERY OF CRE	MATORY 24D. L	OCATION (City	, town, or county) (Stole)
Burial 6-13-1970 Loud	on Park Cemen	tery Ra	ltimore, Mar	vland
25A. DATE REC'D BY HEALTH DEPT. C. NAME OF	EGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
JUN 15 THU JOSCUE C. POLOCY	A G 51 0	Howard H. Hubl	bard, 4107 W	ilkens Ave. 21229
VS 150+REV. 1/1/68			,	



5-152	20			HEALTH DEPARTMENT	/	70 6027	
1. NAME OF DECEASE		5027.		2. DATI	AND HOUR OF DEAT		
	RYL ANN (SP.			1 6	/9/70	11:30	рм
3. PLACE IN BALIIMO	PRE, MARYLAND, WHE	RE PRONO	UNCED DEAD	A. STATE B. CO	Where deceased lived. II	institution residence belon	e odmission)
FULL NAME OF	UF NOT IN HOSPITAL	OR INSTIT	UTION, GIVE STREET	MD. F	REDEŘÍCK	60	+ 10 ch
HOSPITAL OR	ADDRESS OR LOCATIO	ON)		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?	
				KEMPTOWN	1	YES NO	X
THE JOHN	S HOPKINS	HOSPI	TAL	E. STREET AND NUMBE	R		
33				RT. #1			
5. SEX  6. R.	ACE 7.	MARRIED	ALCUCO MADDICO CO	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. , II U	nder 24 Hrs.
FEMALE 1	WHITE V	VIDOWED	DIVORCED	5/1/70	lost birthdoy)	Months Doys Hours	Min.
done during most of working	ION (Give kind of work) 101  ng life, even if retired)	B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLAGE (Slote or	loreign country)	12. CITIZEN OF WHA	COUNTRY
3. FATHER'S NAME				M AAOTHER'S AAAIDEN	ALA AAE		
				14. MOTHER'S MAIDEN	The state of the s		
				ROBIN SPI	NKS		
5. Was Deceased Ever	in U. S. Armed Forces' es, give war or dotes o	?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
y or or orknown, ur y	es, fire wit of Goles o	# 26LAICE!	SECURITY NO.	иосптият.	DECODDS		
la c				HOSPITAL	VECONDO		
18.7 46,			CAUSE OF DEAT	4		APPROXIMATI	
	CONDITION DIREC	TLY		C 1		/	
	DING TO DEATH		(A)IMMEDIATE CAU	SE Conduce 10	new	40 1	rin.
heart failure, osth	eon the made of dy	ing, e.g.,		A CONSEQUENCE OF:	<del></del>	*****************************	
injury or camplico	lion which coused de	oth.)	Being pain and British				
ANTE	CEDENT CAUSES		Can	0 0		14 ha	C
			(B)	Line Juny	en	( // /(	2
	ONDITIONS, ii any		DUE 10, OK AS	A CONSEQUENCE OF:	M. (	205	λ.
UNDERLYING CO	NDITION lost	oung me	10 Conjer	tal (seat	Present	37	UNYS
	11						
OTHER SIGNIFICAN	T CONDITIONS CONTR	BUTING	^	0 11	1 2-1-	121	1.
E TO THE DEATH BU	NOT RELATED TO THE T	ERMINAL	Conj	erouis De	and tallen	0 1-1	127
19A DATE OF OPE	TION GIVEN IN PART 1	ON FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes o	Nol 20R ID VEC WEST	FINDINGS CONSIDERED	
6 /0 /70	WAS PERFOR	MED		30,070,01314,1103,01	IN CERTIFYING C	AUSES OF DEATH?	
19A DATE OF OPE 6/9/70	AS UNDERLYING		<u>heart disea</u>	se			
OR CONTRIBUTING	I CAUSE OF	hom etc.)	e. farm, factory, street of	or about 21C, WHERE DII fice bldg., INJURY OCCUR	D (II In Boltimo	ore City, give exact location	1)
21D. TIME (Mo		1	Milley Control				
OF INJURY	nih) (Doy) (Year) (F		INJURY OCCURRED		INJURY OCCUR?		
(APPROX.)		Wor	k Not While	· 🗆			
22. I cartify that	(I) (this hospital) at	tended th		C /2	30.70	6/9	1970
				6/3			
	sow the deceased o				i that in(my) (our) of	inion deoth occurred	on the dote
and hour and from	the causes stoted	above. (I)	)x(Ye)x(did) (didx pot) v	lew the body ofter dec	th.		
23A. SIGNATURE	2					23 B. DATE SIGNED	
l l	M 10		Atte	nding Med.	Staff Phys. KX		
23C. PHYSICIANES	- The		DEGREE Phys		Phys. R.J.	6/9/70	
PHYSICIAN'S NAME (Type)	1 X			3D. ADDRESS			
ROBI	ERT S ZEI		MD DEGREE	THE JOHNS H	OPKINS HOS	PITAL	
Burial CREMATI	ON, 248. DATE	24C.NA	ME of CEMETERY OF CRE			City, town, or county)	(Stote)
Burial	6/13/70	Roc	kville		Rockville, 1		
SA. DATE REC'D BY		NAAA A	F RECIÉTA A D			C-VATES OF	
ILIN 1 5 107	Pale & E V	THE S	F REGISTRAR	2SC. FUNERAL DIREC		1331 ROCK	.Pike
POLITO 191	A A ALADON	STORE OF		Tyson Wheel	en runeral	Jome John Rock	rvlan
/S 150-REV. 1/1/68							



1/1/00)	BALTIMORE CITY	HEALTH DEPARTMENT		70 6028
вікін No. 70 6028		TE OF DEATH	REG. NO.	NO DUED
1. NAME OF DECEASED WLAPYSLAWA	KELEK	2. DATE AN	D HOUR OF DEATH	2111
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROPOU	NCED DEAD	4. USUAL RESIDENCE (Whe	2 - 1970 re deceosed lived. Il inst	itution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)  (IF NOT IN HOSPITAL OR INSTITUTION)		A. STATE B. COUN	and	E CITY LUMITS?
26 N. LAKEV	vood	E. STREET AND NUMBER		YES NO
_ O O BALTO, MARYLA	nd	26 R	IANE WIL	and AUF.
FEMBLE CBU, WIDOWED		8. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stale or lare	gn country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		POLANU	2	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
15. Was Deceased Eyer in D. S. Armed Forces?		UNKON	n	
(Yes, na ar unknown) (II yes, give wor or dates af service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
118.	CAUSE OF DEATH	JOHN KIELEK	26 N.LAK	EWOOD AVE.
DISEASE OR CONDITION DIRECTLY	V Sall	W O.	70 de 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	A)IMMEDIATE CAU		al sujoich	(o) Judale
heart failure, osthenia, etc. It means the disease, injury or complication which caused death.)	DUE 10, OR AS A	CONSEQUENCE OF:		
ANTECEDENT CAUSES	(=)			
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:	***************************************	
UNDERLYING CONDITION last	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Den	ASCU.	>	10 yrs.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  199. ADATE OF OPERATION 198. CONDITION FOR WI WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING	ICH OPERATION	20 A. AUTOPSY? (Yes or No	20B, IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF home, etc.)	ACE OF INJURY (e.g., in form, factory, street, offi	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(II In Baltimare C	City, give exoct lacation)
S OF INJURY	NJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.) Work	At Work		•	
22. 1 certify that (1) (this hospital) attended the	1 -1 -11	000 (48)	9	12-10 19
that (1) (we) lost sow the deceased alive on	6-7-79	19ond the	in (my) (our) opinio	on deoth occurred on the dote
ond hour and from the couses stored above (1)	(Med (qiq) (qiq not) vi	ew the body ofter deoth.	los	DATE SIGNED
Heo . c. Klyrick	/ / Dhum	ding Med.	Staff Phys.	BR DATE SIGNED
23 CPHYSICIAN'S NAME (Type)	DEGREE	D. ADDRESS	1 /	- 12
THEOURE NIZ 24A. BURIAL CREMATION, 24B. DATE 24C. NAN REMOVAL (Specify),	LE OF CEMETERY OF CREA	4 29 )	CHES	town, or county) (Stote)
BURIAL (Specify)	V RACDO	VPru D	undol V	MAN
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF		25C. FUNERAL DIRECTOR	JOCIEI	ADDRESS 40/
VS 150-REV. 1/48	71.01	John M. WE	DERI-SONS	INC. S. CHESTE



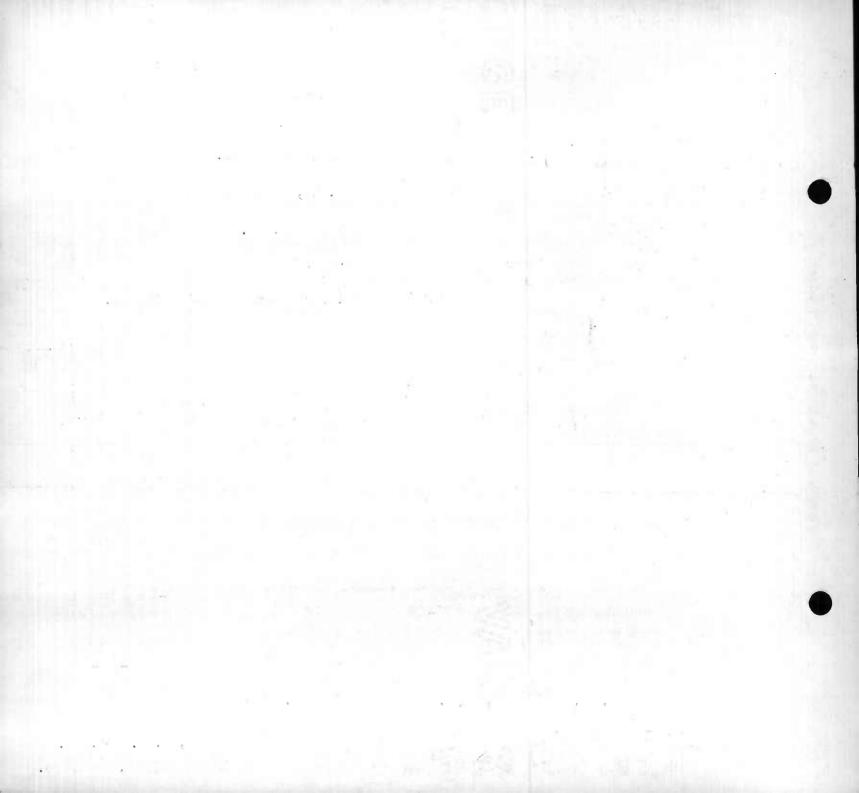
FUNERAL DIRECTOR: IMPORTANT

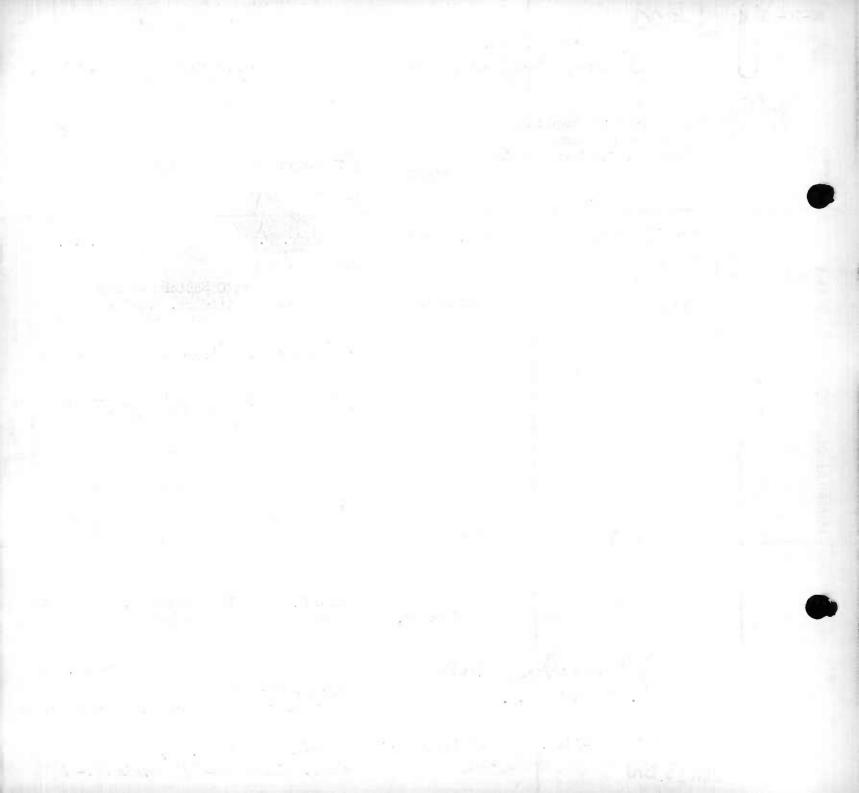
M-635 10 602		HEALTH DEPARTMENT	70 6029
MRTH 'NO.  M.E. CASE NO.  J. NAME OF DECEASED	CERTIFICA	TE OF DEATH R	egistered No.
Type or Print)	141 15	61. 10	30 Am
PLACE OF DEATH IN BALTIMORE MARYLA	Martin	4. USUAL RESIDENCE Where dec	eased lived. Il institution: residence belare admissi
		A, STATE B. COUNTY	1/3
FULL NAME OF (If not in hospital or in: HOSPITAL OR oddress or location)	stilution, give street	X.O.	2103
INSTITUTION			city fimits, write RURAL and give township)
to.	1. 2	3050 Max	
laryland 4 ever	-al Hosp.	D. STREET ADDRESS (If sufol,	give lacation)
	)	V	
	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	8. DATE OF BIRTH 9. AG	H Under 1 Yr. II Under 24 I Months Doys Hours Min
M W.	DIVORCED	DEC 19 1910	59
A. USUAL OCCUPATION (Give kind of work 10B.		11. BIRTHPLACE (State or foreign co	untry) 12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired)	ATIONAL BREWINGO	6 GEORGIA	1.04
	BITONAL BREWING	14. MOTHER'S MAIDEN NAME	05.4,
FATHER'S NAME	DT:NO		
JOHN MA	12/1/4	PLORENCE	EMARTIM
. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give war ar dates al	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS 2/1/
VEC 1934 TO 19	727 920 07 012 T	LESLIE MARTIM	347 ILCHESTER AVE
100 11071	3 20-01-0131	OF DEATH	INTERVAL BETWEEN
18.	CAUSE	OF DEATH	Menunsconset and DEATH
DISEASE OF CONDITION DIRECT	LY	Callan Sollar	10,000
LEADING TO DEATH	(A) Co	undiac ar	rest
(This does not mean the made of dyinheart failure, asthenia, etc. It means the	ng, e.g., DUE TO		
injury ar camplication which caused dea		1 P. 0	1 31 44 5
ANTECEDENT CAUSES	(B) (C)	we hence	failure
	DUE TO		V
DISEASES OR CONDITIONS, if any, rise to the above cause (A) state		Santie Tint	-~
UNDERLYING CONDITION last.	1119		
11		<del></del>	
OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING		
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE		
19A. DATE OF OPERATION 19B. CONDITION	ON FOR WHICH OPERATION	[20A. AUTOPSY? (Yes or No) 20B	B. IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
WAS PERFORM		IN	CERTIFYING CAUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in at about 21 C. WHERE DID	(If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?	th in sommore stry, give exact location
DEATH (notify medical examiner)	etc.)		
	our) 21 E. INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?
OF INJURY (APPROX.)	White At Not Whi		
TAFFROX/	Work At Work		66
22. I certify that (I) (this hospital) at	tended the deceased from	9/5 19 7	10 10 19 19 70
that (I) (we) lost sow the deceased al	live on 6/9	19 TO and that in	(my) (our) opinian deoth occurred on the
	/		(, (,
ond haur and from the causes stated	bave. (I) (We) (did) (did not)	view the bady ofter death.	
23A. SIGNATURE	CAM		23B. DATE SIGNED
Mille	M.D. At	lending Med. Stoff ys. Director Phys.	19/9/7
23C. PHYSICIAN'S	6	23D. ADDRESS	/ // /6
NAME (Type)			
3.64117711-41111111	M.D.		
A. BURIAL CREMATION, 248. DATE	24C. NAME OF CEMETERY OF CI	EMATORY 24D. LOCAT	ION (City, town, or county) (Sto
REMOVAL (Specify)	of Consul's	CE WASTER O	DOTALL ST PARTA M
BURIAL JUHE 1247	U SI PAULS	CEPTENERY AB	CHON SI DUCIO
	NAME OF REGISTRAR	359. FUNERAL/DIRECTOR	ADDRESS
JUN 1 5 1970 Robert E. J.	abey MA,	[ Cupped. 1	NOV / YOOR Londer
S 150-REV. 1/1/65		1 6 U 1 1 1 1 1 2	

The state of the s Military and the state of the last of the state of the st IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? NO If Under 1 Yi. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS 170h William St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exoct location) .....and that in(my) (our) apinion death accurred on the date 23 B. DATE SIGNED 6-12-70 (City, town, as county) Mc Cully Fort VS 150-REV. 1/1/68



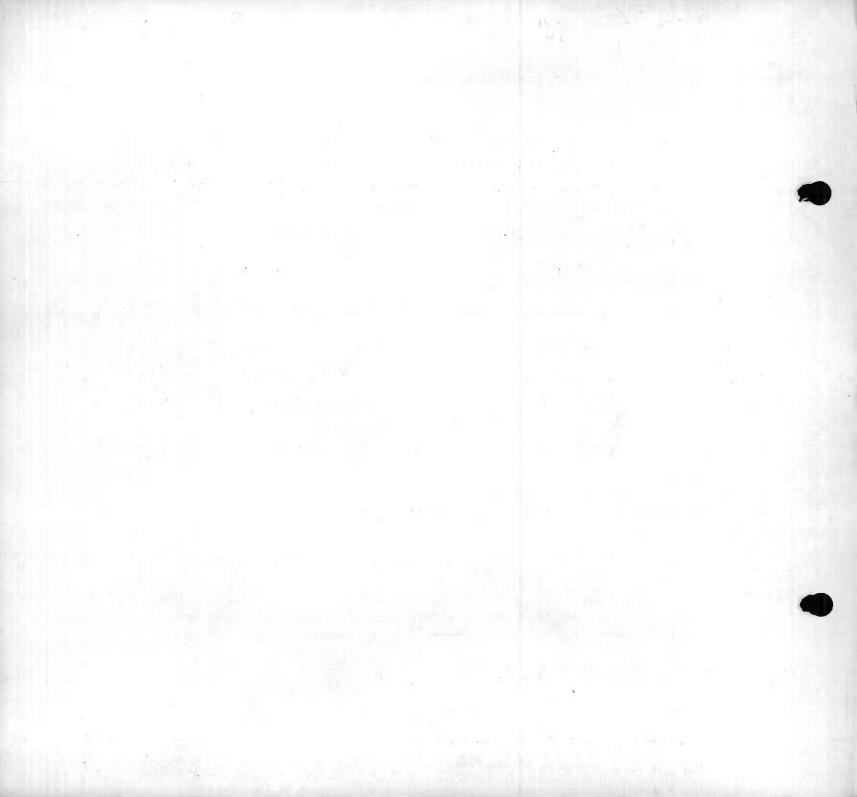


FUNERAL DIRECTOR: IMPORTANT

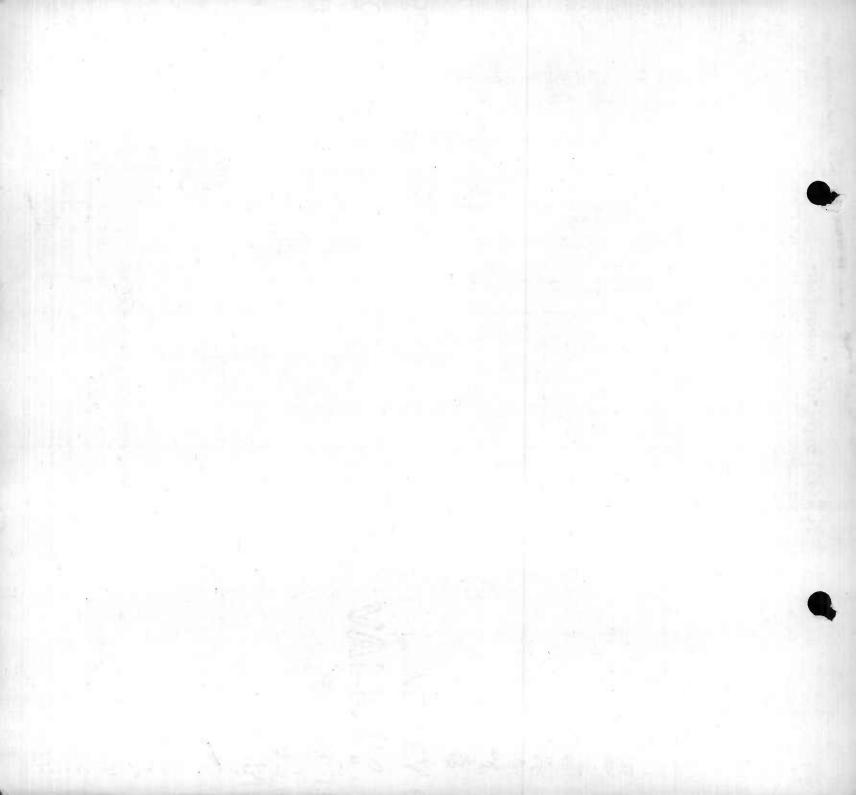
	HEALTH DEPARTMENT	70 6032
6032 CERTIFICA	TE OF DEATH Registered No.	
M.E. CASE NO.	2, DATE AND HOUR OF DEATH	
(Type or Print) Agries M.	^	1 1 2 2 0 0
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institu	ution; residence before odmission)
FULL NAME OF (If not in haspital at institution, give street	Maryland AA	5200
HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RUR	AL and give township)
48	Pasadena	
Maryland General Hospital	D. STREET ADDRESS (If rurol, give location)	
pargana general no pro-	8434 Rugby Rd. 2112	2
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify) Widowed	B. DATE OF BIRTH 9. AGE (In years last birthday) 7.7	f Under 1 Yr. If Under 24 Hrs.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
done during most of warking life, even if retired)  Retired	S 20000	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.0.11.
almales me Cano	Vinaincia Ours.	
15. Was Deceased Ever in U. S. Armed Farces?	17. INFORMANT	ADDRESS
No No (If yes, give wor or doles of service) 214-01-2979	Louise M. Burgess-8434	Rugby Rd.
18. / 5.3 2 1 CAUSE C	DE DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
LEADING TO DEATH	intatic Adenocarciaoma of	
(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. 11 means the disease,	descending colon	
injury or complication which coused death.)	Jan	
ANTECEDENT CAUSES  (B)  DUE TO		
DISEASES OR CONDITIONS, if any, giving		
rise to the obove cause (A) stating the (C)		
11		
O THE SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN	DINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSE	S OF DEATH?
U ZIA. ACCIDENT WAS UNDERLYING   218. PLACE OF INJURY (e.g., in or contribution)   218. PLACE OF	in or about 21C. WHERE DID (If in Boltimore C) ffice bldg., INJURY OCCUR?	ity, give exact location)
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
While At Not Whi	le	
(APPROX.) Work At Work		
22. I certify that (1) (this haspital) attended the deceased from		110 1970,
that (1) (we) lost sow the deceased alive an June 10	19 2 ond that in (my) (aur) oplnic	on death occurred an the dote
ond haur and fram the causes stated above. (1) (We) (did) (did not)	view the body after death.	
23A. SIGNATURE		B. DATE SIGNED
	ending Med. Stoff Phys.	tune 10, 1976
23C.PHYSICIAN'S	23D. ADDRESS	
Shao-Huang Chin M.D.		tal
24A. BURÍAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR		town, or county) (State)
Burial 6/13/70 Western Cemet	ery Baltimore	Maryland
25A, DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	Robert C. Altenburg Fu	neral Home Inc.
JUN 1 5 1970 Jaber & Varber Ka	6009 Harford Rd Bal	to. Md. 21214
V6 104 DCV 1/1/15	No.	

burghed found dog tak EL CLIB13 but the Undella Mª Carris Urganisa Organi Besterrer delengeramma of derawing rolon Shac Heavy Chic June 10. 133

MARIL	BALTIMORE CITY	HEALTH DEPARTMENT		70 0000
111-254 11 8	6033 CERTIFICA	TE OF DEATH	REG. NO	70 6033
NAME OF DECEASED	, ,		D HOUR OF DEAT	u
Type or Print) Iday Mc Co	nnell	6/1	0/10	16- P
3. PLACE IN BALTIMORE, MARYLAND, WHERE	RONOUNCED DEAD	4. USUAL RESIDENCE (When		institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MD BAUC		1902
NSTITUTION Century 24		C. CITY OR TOWN	D. IN	YES NO NO
9 102 N. Pa	ca Sty	E. STREET AND NUMBER	1 5	12.5
Baltimo	e ma	1413 W	. PRATT	ST.
F 111	ARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 18	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hr. Months Days Hours Min.
OA, USUAL OCCUPATION (Give kind of work 108, KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fare)	gn country)	12. CITIZEN OF WHAT COUNTE
	buse wife	BALto.	MD	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
Rite		UNK	NouN	
S. Was Deceased Ever in U. S. Armed Farces? (es, no or unknown) (If yes, give wor or dotes of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
WO	215-05-6540	Nursing +	tome	Charts.
18. 1/1 / 9	CAUSE OF DEAT		7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY	da.		1 1 a	SETWEEN ONSET AND DEA
LEADING TO DEATH	(A) IMMEDIATE CAL	USE - respirar	y James	~{
(This does not mean the mode of dying heart failure, asthenia, etc. It means the d	iseose,	A CONSEQUENCE OF:	Hyrac	end.
injury or complication which caused death.	) acut	7	mo	nank
ANTECEDENT CAUSES	(8) Circh	CUITI	7. 1.	meet n
DISEASES OR CONDITIONS, if any, rise to the obove couse (A) statin	33	A CONSEQUENCE OF:		
UNDERLYING CONDITION last.	(c)	meet		
II.		<b>)</b>		100000000000000000000000000000000000000
OTHER SIGNIFICANT CONDITIONS CONTRIBU				
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART I (A)	•			
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
WAS PERFORME  21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(Itf in Baltim	are City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, factory, street, a	ffice bldg., INJURY OCCUR?	(,, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	are any give order recording
O 21D. TIME (Month) (Doy) (Year) (Hou	r) 21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Not Whi	le 🗖	5 KT 0 0 0 5 K.	
(AFFROA)	Work At Work	3	1.0 A	
22. I certify that (I) (this hospital) atte	nded the deceased from		19 6 4 10	me 10 1970
that (I) (we) lost saw the deceased aliv	e on Jun 16	) 19 70 ond th	of in (my) <del>(out</del> ) o	pinion death occurred on the d
ond haur ond from the couses stated ab	ove. (1) (We) (did not)	view the bady ofter deoth.		
23A. SIGNATURE	-	1/		23 B. DATE SIGNED
Kelland Cop	wan DEGREE Phy	ending Med. Director	Staff Phys.	
23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS	1 ,	
11111 mm D An	n(TG)	6615 News	tersyon	n Re
4A. BURTAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CR		OCATION (	City, town, or county) (State)
BURIAL 6-13-78	Western C	a ma	4	
	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	13401146	NORRYLAN.
JUN 1 5 1970 VAGEN E. NO.	My Fill	1.1.4 7 7	BALTIME TOKNER	SUS NORTH Y
A Bread A A	The state of the s	WM. J.	ICINER Y-	יאגון בייטו



1.) , = 1		BALTIMORE CITY	HEALTH DEPARTMENT		70 6034
0-60 / BIRTH NO.	0 6034	CERTIFICA	TE OF DEATH	REG. NO	0004
1. NAME OF DECEASED	/ WAR	REN		6/13/70	18:45 A
3. PLACE IN BALTIMORE, MAR	LAND, WHERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUN		itution: residence before admission
HOSPITAL OR ADDRES	N HOSPITAL OR INSTITUT	ION, GIVE STREET	C. CITY OR TOWN A	land	E CITY LIMITS?
INSTITUTION Jewist	Copeval	excess, N	me Battin		YES NO
704601	Pall ma	md.	E. STREET AND NUMBER	Toodlan	d Av.
5. SEX 6. RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	ost birthday)	If Under 1 Yr. II Under 24 Hrs Months Ooys Hours Min.
IOA, USUAL OCCUPATION (Give		USINESS OR INDUSTRY	11, BIRTHPLACE (State or foreig	an country)	12. CITIZEN OF WHAT COUNTR
Housew	ife		Vingi	nia	U.S.A.
13. FATHTR'S NAME	- Parlo	1	14. MOTHER'S MAIDEN NAM	- Dolo	
S. Was Oeceased Ever in U, S. (Yes, no or unknown) (If yes, give	Armed Forces?	6. SOCIAL SECURITY NO.	17. INFORMANT	1	1 ADDRESS 2817
no			Sylvia (	rawfor	d Woodland
18. 1829 1		CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR COND			(2. 21 -1)	a facili	
(This does not meon the heart foilure, osthenio, etc.	mode of dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	raises	
injury or complication whi		From	Cancer of	therus	Unknow
ANTECEDENT	CAUSES	(B)	0		
DISEASES OR CONDITION		DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITIO		(c)	****************	*******************************	
_ 11					
OTHER SIGNIFICANT CONDI TO THE DEATH BUT NOT RE DISEASE OR CONDITION GIV	LATED TO THE TERMINAL				
DISEASE OR CONDITION GIV	198. CONDITION FOR W	ICH PERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIR	NDINGS CONSIDERED
19A. DATE OF OPERATION	WAS PERFORMED	Histruct	ion no	IN CERTIFYING CAUS	SES OF DEATH?
OP CONTRIBUTING CALL		form, factory, street, o	n or about 21C, WHERE DID	(If in Boltimore	City, give exoct location)
DEATH (notily medical exam		710	ne -		
OF INJURY (Month) (Do		NJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	While Work -	At Work	° 🗆 📗		
22. I certify that (I) (this	haspital) attended the	deceased fram	5/22	970 10	6/13 1970
that (1) (we) last saw the	deceased alive an	6/1	3 19 70 and the	ıt in (my) (aur) apini	an death accurred an the da
and hour and from the co	uses stated above. (1)	(We) (did) (did	riew the bady after death.		,
23A. SIGNATURE	ST -	-MD	4: -		23B, DATE SIGNED
LX.	Lewar	DEGREE Phy	mding Med. Director	Staff Phys.	6/13/70
NAME (Type)	W. STE	WARTIA	1, D, 2300	Harri	son Blood
24A. BURIAL CREMATION, 24B		ME of CEMETERY OF CR	1.0	· ·	town, or county) (State)
Buns (		toe Men.	PR Ba	Ito Md.	
25A. DATE REC'D BY HEALTH			25C. FUNERAL DIRECTOR		ADDRESS
JUN 15 THU V	pera et auroch	100	Ward MA	RCH 90	4 E. North
10 100 Dest 1/2//0			0 0 1 2		



G-426 70 6035 CERTIFICATE OF PLANTS
BIRTH NO. CERTIFICATE OF DEATH
(Type of Print) GLAZER, BERNARD 2. DATE AND HOUR OF DEATH  (Type of Print) GLAZER, BERNARD 2. DATE AND HOUR OF DEATH  (Type of Print) GLAZER, BERNARD 2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission A. STATE  B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET C.C. CITY OR TOWN  C.C. CITY OR TOWN  ID. INSIDE CITY LIMITS?
SINAI HOSPITAL OF BALTIMORE BALTIMORE YES NO
42 6803 Williamson Ave #15
S. SEX / LE 6. RACE   WIDOWED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   II Under 1 Yr.   II Under 24 Hin.   Months   Doys   Hours   Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPEACE (Store of foreign country)  12. CITIZEN OF WHAT COUNT
TAILOR HASS CLOTHING POCAND USA
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
PAUL GLAZER EVA ?
(Yes, no or unknown) (II yes, give war or doles of service)  NO  ADDRESS  ATTENDATION AND SECURITY NO.  216-32-3475 MRS. ROLA GLAZER. 6803 WILLIAMSON AVENUE
18. / / 1 CAUSE OF DEATH 1 APPROXIMATE INTERVAL
DISPASE OR CONDITION DIRECTLY
LEADING TO DEATH  (This does not mean the made of dying, e.g.,  (A) IMMEDIATE CAUSE  (A) IMMEDIATE CAUSE  (A) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (A) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (C) IMME
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)  DUE TO, OR AS A CONSEQUENCE OF:
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the
UNDERLYING CONDITION last. (c)
Z OTHER SIGNIFICANT CONTRIBUTE CONTRIBUTE OF
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IT TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
a de stourch
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
OF IN HILLY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
While At Work At Work
22. I certify that (1) (this hashital) attended the deceased from 5 29 19 70 ta 6 - 10 19 70
that (1) (wa) lost saw the deceased office on 6-10-7-519 and that In(my) (aut) opinion death occurred on the da
and haur and from the causes stated above. (1) (WY) (did nat) view the bady after death.
23th DATE SIGNED
23C. PHYSICIAN'S Director L. Phys. L. Director L. Phys. L.
DR. SAGBE. K. IKIRIKO SINAI ItOSPITAL OF Balting
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
BURIAL 6-12-70 KOVNA ROSEDALE, MARY LAND
JUN 1 5 1970 Jabes E. Jabes A. SOL LEVINSON & BROS., 6010 REISTERSTOWN ROA
VS 150-REV. 1/1/68

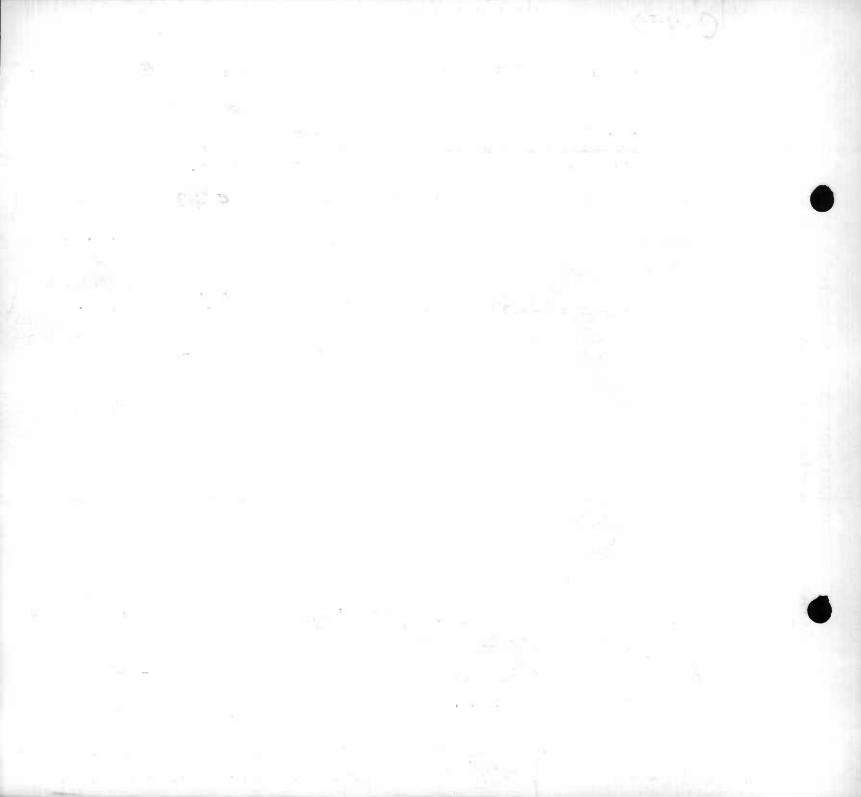
STATE	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This c

	C-621 70 6036 CERTIFICATE OF DEATH REG. NO. 70 6036						
	RTH NO.  NAME OF DECEASED	TE OF DEATH					
di	61.4	2. DATE AND HOUR OF DEATH					
	PRINCHARIKOFSKY HARRY (CHA.						
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY					
H	ULL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
10	SINAL HOSPITAL OF RALTIMORE	E. STREET AND NUMBER					
5.	SEX 6. RACE 7. MARRIED TAILURE MARRIED TO	5324 NELSON AVE. #15.					
	MALE WHITE WIDOWED DIVORCED VI	9. AGE (In years lost birthdoy)  9. AGE (In years Months: Doys Hours Min.					
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY Be during most of working life, even if relired)  SHIPPING  CLERK	BROOKLYN, NEW YORK USA					
	MAX CHARIKOFSKY	14. MOTHER'S MAIDEN NAME ANNA SHAPIRO					
15. (Ye	Was Deesased Ever in U. S. Armed Forces? 5, no or unknown) Uf yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT  ADDRESS  ADDRESS  ADDRESS  PLACID DRIVE					
	YES W.W. II NAVY 062-01-9810	MKS. LILLIAN LUBLINSKY, SVKFSUTIJE MD 21784					
	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
	Injury or complication which coused death.)  ANTECEDENT CAUSES						
	MAULGNANT HYPEPTEALS ON						
11	DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (Al stating the UNDERLYING CONDITION lost.	A CONSEQUENCE OF:					
	(0)	***************************************					
CERTIFICATI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off pearly (notify medical examined)	or obout 21 C. WHERE DID (If In Boltimore City, give exect location) ice bidg., INJURY OCCUR?					
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED While At Not While At Work At Work	21F. HOW DID INJURY OCCUR?					
22. I certify that (I) (this hospital) attended the deceased from 6/9 1970 to 6/10/1970 that (I) (we) lost sow the deceased alive on 6/10/1970 and that in (my) (aur) apinion death accurred on the donard hour and from the causes stated above. (I) (We) (did) (did not) view the bady after death.  23A. SIGNATURE							
					23C. PHYSICIAN'S NAME (Type)		
				ANDREAS A. PETSAS M.D. SINAI HOSPITAL OF BALTIMORE.			
				24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)			
BURIAL 6-12-70 BALTIMORE NATIONAL BALTIMORE, MARY LAND							
234	25C. FUNERAL DIRECTOR SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD						
VS	150-REV. 1/1/6B						

THE RESERVE OF THE RESERVE OF THE RESERVE OF THE PARTY OF

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the IMPORTANT FUNERAL DIRECTOR:

C-450	0028	BALTIMORE CITY CERTIFICA			REG. NO.	70 6	n38
	2000	CERTIFICA	TE OF DI	EATH		· · ·	0.00
1. NAME OF OECEASEO (Type or Pont)  CULLUM, LELA	ND LEWIS LO	UIS			ND HOUR OF GEATH	1	9:10 P.
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNC	ED DEAO	4. USUAL RESIG		ere deceased lived. If i	nstitution: reside	nce before admissio
FULL NAME OF HOSPITAL OR ADDRESS OR LOC	TAL OR INSTITUTIO	N, GIVE STREET	Marylar c, city or row	nd Har	cford	62	100
V. A. Hospita		2	Abingdo		D. 1143	SIDE CITY LIMITS YES 2	No 🗌
23 3900 Loch Ra			E. STREET AND			123	110
Baltimore, M	aryland 21	218	3801 Ph	ilade	lphia Rd.		
5. SEX 6. RACE Male Caucasian	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRT		9. AGE (In years lost bithdoy)	If Under 1 Y Months Day	to If Under 24 Hr s Hours Min.
10A. USUAL OCCUPATION (Give kind of wordene during most of working life, even if retired)	k 108, KINO OF BU	SINESS OR INOUSTRY	11. BIRTHPLACE	Stote or fore	eign countryl	12. CITIZEN	OF WHAT COUNT
Truck Driver	Unkn	ovm	Marylan	nd		II.	S. A.
13. FATHER'S NAME			14. MOTHER'S M		ME		
Frank Cullum			Catheri	he Mon	rris		
S. Was Deceased Ever in U. S. Armed Fa Yes, no or unknown) Uf yes, give wor or dot Yes 8-13-42 to	es of service)	SOCIAL SECURITY NO. 18-10-1359	3900 Lock	ecord:	Blvd., Bal	pital Actimore,	oress Md.
18. 4 3	5-2-40 2	CAUSE OF DEAT	1				
DISEASE OR CONDITION D	PECTIV	ONDER OF DEATH				BETWE	PROXIMATE INTERVAL EEN ONSET AND DEA
LEADING TO DEATH	KEC IE I		GASTRIC	ULCER	W/GASTRO-IN	TESTINAL	4
(This does not meon the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SE A CONSEQUENCE (		ORRHACE		4 DAYS
heart failure, asthenia, etc. It means	the disease, death.)			011			
ANTECEDENT CAUSES		TCCUTEM	TO MECDOCI	-e		1 77	DAYS
DISEASES OR CONDITIONS, if	anv. giving	(B) LOUTE IN	IC NECROSI A CONSEQUENCE	OF		//	DATO
rise to the abave couse (A)	sloling the						
UNDERLYING CONDITION last.		(c)					
OTHER SIGNIFICANT CONDITIONS CO	HE TERMINAL						
DISEASE OR CONDITION GIVEN IN PAI	DITION FOR WHIC	H OPERATION	20A. AUTOPSY		208, IF YES, WERE	FINOINGS CON	SIOEREO
WAS PER	1210 81 4	ac ar mineral	YES				YES
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	home, fo	CE OF INJURY (e.g., in rm, factory, street, off	ice bldg., INJURY	ERE OIO OCCUR?	(If In Boltimor	e City, give exoc	:l locotion)
21 D. TIME (Month) (Ooy) (Year)		URY OCCURREO		W DID INJ	URY OCCUR?		
(APPROX.)	While A Work	~ 1 44 0 1K	<u> </u>				
22. I certify that (1) (this hospital	) attended the de	ceased from No	y 18.	1	1970 to Ju	ne ll	19 70
that (4) (we) lost sow the decease	d alive on	June 11,	19 70	ond the	at In (my) (our) opli	nion death oc	curred on the da
and hour and from the couses state	ed above. TIY (W.	e) (did) (did/mot) vi	ew the body of	er death.			
23A. SIGNATURE	111	AA	, , , , , , , , , , , , , , , , , , , ,			23B, OATE SIG	NEO
X Massa mil	Mix M		ding Med	i.	Staff Phys.	6-12-70	
23C. PHYSICIAN'S NAME (Type) LEAT (TOP)		2	3D ADDRESS		OCH RAVEN BI		
WALTER SIL		DEGREE	F	BALTIM	DRE, MARYLAN	D 21218	
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24G. NAME	ef CEMETERY of CRE	MATORY	24D. LC	CATION (Cit	y, town, or cour	nty) (Stote)
Burial June 15	1970 Chu	rchville Pr	esbyteriar	Chi	irchville -	Harford	- Marwiles
IN 15 1970 Jacob E.	ALLEY RE	GISTRAR	25C. FUNERAL	OIRECTOR	archville -	Abdana	DORESS
'S 150-REV. 1/1/68			. Inghard	TIC G	omas & Son,	WOTU BOO	1, Ma.



. NAME OF DEC	EASED		CERTIFICA	TE OF DEATH	ND HOUR OF DEATH		
Type or Print	GREEN, MON			JUNE			3.20P
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived If		dence before odmission
FULL NAME OF	OF NOT IN HOSPIT	AL OR INSTIT	UTION. GIVE STREET	MARYLAND	Salt	CO .	53-00
NSTITUTION	ADDRESS OR LOCA	A IION)		C. CITY OR TOWN	D. IN	SIDE CITY LIMIT	
1/0	CT ACNE	CHOOD		UPPERCO E. STREET AND NUMBER		YES	NO*
40	ST. AGNE	2 H02P	IIAL		Ave.		
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1	Yı. , If Under 24 Hr
FEMALE	WHITE	WIDOWED	DIVORCED	08/04/17	52	Months Do	bys Hours Min.
one during most of	working life, even if relired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign countryt	12. CITIZEN	OF WHAT COUNTE
HOUSEWI		Home		MARYLAND		U.	S.A.
3. FATHER'S NAT				14. MOTHER'S MAIDEN NA			
				JESSIE (NEE			
	Ever in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT AVES	BALTO.MD	21229 <sup>Al</sup>	DDRESS
NONE			216-05-0640	ST. AGNES H	OSPITAL-C	ATON &	WILKENS
18. 181	5 y 1		CAUSE OF DEATH				APPROXIMATE INTERVAL
DISEAS	E OR CONDITION DIS	RECTLY	Cancu	of cours ont	general.	Y BEI	MEEN ONSEL AND DEA
(This does n	ot mean the made of	duing on	(A) IMMEDIATE CAU	s <del>t</del> )	mutantas	35	
heart loilure,	asthenia, etc. It means	the disease.	DUE TO, OR AS A	CONSEQUENCE OF:			
fulnis at com							
	plication which caused	death.)					
	ANTECEDENT CAUSES		(B)		Pr-14 6 6 6 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		
DISEASES C	ANTECEDENT CAUSES OR CONDITIONS, il (	any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:			***************************************
DISEASES C	ANTECEDENT CAUSES OR CONDITIONS, II	any, giving	(B)	A CONSEQUENCE OF:			***************************************
DISEASES Of the UNDERLYING	ANTECEDENT CAUSES OR CONDITIONS, if above couse (A) or CONDITION last,	any, giving slaling the		A CONSEQUENCE OF:			
DISEASES Of the UNDERLYING	ANTECEDENT CAUSES OR CONDITIONS, il of abave couse (A) of CONDITION last,  Il or a condition last,  Il or a conditions collected to the collected to	any, giving slaling lhe NTRIBUTING		A CONSEQUENCE OF:			
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DISEASES CONSENSE OF CONSENSE OF CONSENSE OF COLORS OF C	ANTECEDENT CAUSES OR CONDITIONS, if of abave couse (A) of CONDITION last,  If the conditions correction of the condition of t	any, giving stating the NTRIBUTING HE TERMINAL I 1 (A). DITION FOR VORMED	VHICH OPERATION  PLACE OF INJURY (e.g., In e.g. Iarm, foctory, street, off	20A- AUTOPSY? (Yes or No			
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DISEASES CONSENSE OF THE DEAT	ANTECEDENT CAUSES  OR CONDITIONS, if or abave couse (A) or couse (A) o	any, giving stating the NTRIBUTING HE TERMINAL 1 1 (A). DITION FOR VORMED  21 B. hometc.) (Hour) 21 E.	VHICH OPERATION  PLACE OF INJURY (e.g., in e., larm, foctory, street, offi	20 A. AUTOPSY? (Yes or No NO NO or obout 21 C. WHERE DID ice bidg. INJURY OCCUR?	(II in Boltimo		
DISEASES OF STATE OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, il or abave couse (A) or CONDITION last.  IL ICANT CONDITIONS CO! H BUT NOT RELATED TO THE CONDITION GIVEN IN PART OPERATION 198. CONDITION GIVEN IN PART OPERATION GIVEN I	NTRIBUTING HE TERMINAL TO (A).  ORMED  218. hometc.)  (Hour) 21E. Whi	VHICH OPERATION  PLACE OF INJURY (e.g., in e., larm, foctory, street, offi  INJURY OCCURRED  to At Work  At Work	20 A. AUTOPSY? (Yes or No	(II In Boltimo	re CHy, give ex	rect lecetion)
DISEASES OF STATE OF	ANTECEDENT CAUSES OR CONDITIONS, il or dave couse (A) or couse (A) or condition last.  IL CANT CONDITIONS COPEN TO THE CONDITION GIVEN IN PARTITION OPERATION 198. CONDITION GOVERN THE CONDITION GOVERN THE CONDITION GOVERN THE CONDITION GOVERN GOVE	any, giving stating the Stating the NIRIBUTING HE TERMINAL 1 1 (A). DITION FOR VORMED  (Hour) 21E, Whi World World Control of the Normal Control of the No	VHICH OPERATION  PLACE OF INJURY (e.g., in e, larm, foctory, street, offi  INJURY OCCURRED  to At	20A-AUTOPSY? (Yes or No NO or obout 21C, WHERE DID ice bidg, INJURY OCCUR?  21F. HOW DID INJ	(II in Boltimo	re City, give ex	rect lecetion)
DISEASES OF STATE OF	ANTECEDENT CAUSES  OR CONDITIONS, il or abave couse (A) or abave couse	any, giving stating the NTRIBUTING HE TERMINAL I 1 (A). DITION FOR VORMED 21E, Whit World attended the dalive an	VHICH OPERATION  PLACE OF INJURY (e.g., in e., larm, foctory, street, offinity of the e., in the e.	20A-AUTOPSY? (Yes or No	(II In Boltimo	re City, give ex	rect lecetion)
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DISEASES OF SECTION OF THE DEATH OF INJURY (APPROX.)  DISEASE OF C.  21A. A CCIDEN OR CONTRIBUTED OF INJURY (APPROX.)  22. I certify that (1) (we) ond hour and	ANTECEDENT CAUSES  OR CONDITIONS, il or abave couse (A) or CONDITION last.  II ICANT CONDITIONS CO! H BUT NOT RELATED TO THE CONDITION GIVEN IN PARTITION GIVEN IN PARTITING CAUSE OF medical examines  (Month! (Doy) (Year)  that (1) (this hospital) lost sow the deceased from the causes state	any, giving stating the NTRIBUTING HE TERMINAL I 1 (A). DITION FOR VORMED 21E, Whit World attended the dalive an	VHICH OPERATION  PLACE OF INJURY (e.g., in e., larm, foctory, street, offinity of the control of	20A-AUTOPST? (Yes or No NO Or obout 21C. WHERE DID injury occur?)  21F. HOW DID INJ  UNE 9  19 70 and the we the bady after death.	(II in Boltimo URY OCCUR?  19 70 to JUN at In(my) (aur) op	F 10	19_70
DISEASES OF THE DEATH OF THE DEATH (notify that (1) (we) ond hour ond 23A. SIGNATU	ANTECEDENT CAUSES OR CONDITIONS, il or abave couse (A) or CONDITION last.  IL ICANT CONDITIONS COPEN TO THE CONDITION OF THE	any, giving stating the NTRIBUTING HE TERMINAL I 1 (A). DITION FOR VORMED 21E, Whit World attended the dalive an	VHICH OPERATION  PLACE OF INJURY (e.g., in e., iarm, foctory, street, offinity of the control of	20A-AUTOPSY? (Yes or No NO NO or obout 21C. WHERE DID ice bldg. INJURY OCCUR?  21F. HOW DID INJ  UNE 9  19 70 and the w the bady after death.	(II in Boltimo URY OCCUR?  19 70 ta JUN at In (my) (aur) op	E 10 Inian death a	19_70 accurred an the da
DISEASES OF SECTION OF THE DEATH (NOTING OF INJURY (APPROXI)  21A. ACCIDEN OR CONTRIBUTED OF INJURY (APPROXI)  22. I certify that (I) (we) ond hour and 23A. SIGNATU	ANTECEDENT CAUSES OR CONDITIONS, il or abave couse (A) or CONDITION (A) or	any, giving stating the NTRIBUTING HE TERMINAL I 1 (A). DITION FOR VORMED  (Hour) 21E. Whit World Worl	VHICH OPERATION  PLACE OF INJURY (e.g., in e., iarm, foctory, street, offinity of the control of	20A-AUTOPSY? (Yes or No NO NO or obout 21C. WHERE DID ice bldg. INJURY OCCUR?  21F. HOW DID INJ  UNE 9  19 70 and the with bady after death.  Iding Med. Director   3D. ADDRESS  BALTIM	(II in Boltimo URY OCCUR?  19 70 to JUN of In (my) (our) op Shoff Phys. XX ORE, MARY	E 10 Inian death a	19 70 inccurred on the do
DISEASES OF THE DEATH OF THE DEATH (Notify LAPPROX.)  21A. ACCIDEN OF CONTRIBUTED OF INJURY (APPROX.)  22A. SIGNATU  23C. PHYSICIAL NAME (T)	ANTECEDENT CAUSES OR CONDITIONS, il or abave couse (A) or CONDITION (A) or	any, giving stating the NTRIBUTING HE TERMINAL I 1 (A). DITION FOR VORMED    21E, White World He and the dalive an and above. (1)	VHICH OPERATION  PLACE OF INJURY (e.g., in e., iarm, foctory, street, offinity of the control of	20A-AUTOPST? (Yes or No NO NO or obout 21C. WHERE DID injury occur?)  21F. HOW DID INJ  UNE 9  19 70 and the wathe bady after death.  Iding Med. Director Director ADDRESS  BALT I M. T. AGNES HOSI	(II in Boltimo URY OCCUR?  19 70 to JUN at In (my) (aur) op Sheff Phys. XX ORE, MARY PITAL CAT	E 10 Inian death a	19_70 Iccurred an the da
DISEASES OF SECTION OF THE DEATH (NOTIFIED OF INJURY (APPROXI)  21A. ACCIDEN OR CONTRIBUTED OF INJURY (APPROXI)  22. 1 certify that (1) (we) ond hour and 23A. SIGNATU  23C. PHYSICIAL NAME (1)  JES	ANTECEDENT CAUSES  OR CONDITIONS, il  or abave couse (A)  or CONDITION last,  II  ICANT CONDITION SCOPE  H BUT NOT RELATED TO THE CONDITION GIVEN IN PART  OPERATION 19B. CONTINUE  TING CAUSE OF medicol exemined  (Month! (Doy) (Year)  that (1) (this hospital)  lost sow the deceased from the causes state  RE  ADA MUANGS O  MATION, 124B. DATE	Any, giving stating the stating the NTRIBUTING HE TERMINAL IT (A).  OHION FOR VEORMED  (Hour) 21E. Whit World attended the dalive aned above. (1)	VHICH OPERATION  PLACE OF INJURY (e.g., in e., iarm, foctory, street, offi  INJURY OCCURRED  to At At Work  At Work  At Work  At Work  At Work  OF CEMETERY OF CREATION  OCCURRED  At Work  At W	or obout 21 C, WHERE DID INJURY OCCUR?  21F. HOW DID INJ  TUNE 9  19 70 and the bady after death.  Iding Med. Director DID INJ  TO AGNES BALT IM  T. AGNES HOS	(II in Boltimo  URY OCCUR?  19 70 ta JUN  at In (my) (aur) op  Staff Phys. XX  ORE, MARY  PITAL CAT  OCCATION (C	E 10 Inian death a 23B, DATE SI LAND 2 ON & Willy, lown, or co	19_70 Iccurred on the dol IGNED 1229 ILKENS AVI
DISEASES OF THE PROPERTY OF THE PARTY OF THE	ANTECEDENT CAUSES  OR CONDITIONS, il conditions, il condition last,  Il CONDITION last,  II CONDITION SCOPE H BUT NOT RELATED TO THE CONDITION GIVEN IN PART OPERATION 19B. CONDITION GIVEN IN PART OPERATION GIVEN IN PART OPERATION GIVEN IN PART OPERATION 19B. CONDITION GIVEN IN PART OPERATION GIVEN IN P	Any, giving stating the stating the NTRIBUTING HE TERMINAL IT (A).  OHION FOR VEORMED  (Hour) 21E. Whit World attended the dalive aned above. (1)	VHICH OPERATION  PLACE OF INJURY (e.g., in e., larm, foctory, street, offinity of the control of	or obout 21 C, WHERE DID INJURY OCCUR?  21F. HOW DID INJ  TUNE 9  19 70 and the bady after death.  Iding Med. Director DID INJ  TO AGNES BALT IM  T. AGNES HOS	(II in Boltimo URY OCCUR?  19 70 to JUN ot !n (my) (our) op  Shoff Phys. XX  ORE, MARY PITAL CAT OCATION (C	E 10 Inian death a  23B, DATE SI  LAND 27  ON & W  ity, town, or co	19_70 Inccurred an the da IGNED 1229 1LKENS AV Unity1 (Stote)

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N-6	20 70	60	211	HEALTH DEPARTMENT			0
BIRTH NO.	DECEASED		CERTITICA		E AND HOUR OF DEAT	000	J
	S, DONALD RE				NE 9, 1970	4:3	7 A
3. PLACE IN	BALTIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE		l institution: residence befo	re odmission)
ST AC	OF (IF NOT IN HOSPIT	AL OR INSTIT	TUTION, GIVE STREET	MARYLAND	BALTIMORE	COUNTY 21	228
WILKE	NS & CATON A	VENILES		C. CITY OR TOWN	D. II	NSIDE CITY LIMITS?	220
40	INO G ON ON A	A L MOL 3		CATONSVII		YES NO	
BALTI	MORE MARYLAN	D 2122	9		Y MANOR ROA	ND.	
5. SEX	6. RACE		X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In veors		Inder 24 Hrs.
MALE	NEGRO	WIDOWED	DIVORCED	01/11/27	last birthdoy)	Months Doys Hour	Min.
10A. USUAL	OCCUPATION (Give kind of world) of working tife, even if relired)	108, KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of	foreign country)	12. CITIZEN OF WHA	T COUNTRY?
ME CHA		AUTO	MOBILES	MARYLAND		1.0	•
13. FATHER'S		71010	100   1213	14 MOTHER'S MAIDEN	NAME	USA	
	SAMUEL NORRIS			(HOWARD)	MYRTLE		DEC 1D
15. Was Dece	ased Ever in V. S. Armed For nown) (If yes, give wor or dote	ces?	16. SOCIAL	17. INFORMANT		ADDRESS	
YES	WW2	s of service)	SECURITY NO.	CT ACUEO	RECORD'S B	BALTIMORE ME	211229
18. 44	2/01		CAUSE OF DEATH	SI AGNES	HOSPITAL W	VILKENS & CA	TON AV
	SEASE OR CONDITION DI	RECTLY				BETWEEN ONS	
	LEADING TO DEATH		(A) IMMEDIATE CAU	cerebra	I hemour	hare	
(This do	es not mean the mode of lure, asthenia, etc. It means	dying, e.g.,		CONSEQUENCE OF:			*
injury or	complication which caused	death.)				İ	
	ANTECEDENT CAUSES		(A) Hys	evensery			
DISEASE	S OR CONDITIONS, if the above couse (A)	any, giving	DUE TO, OR/AS	A CONSEQUENCE OF:			
UNDERL	YING CONDITION last	siding the	(c)				
_	11						
O THER SIGNATURE TO THE E	ENIFICANT CONDITIONS CO	NTRIBUTING					
O DISEASE	OR CONDITION GIVEN IN PARE OF OPERATION 198 CON	T T (A).	Mulcu Obra Ton	100.1			
C THE	WAS PERI	ORMED	WHICH OPERATION	NO	IN CERTIFYING C	E FINDINGS CONSIDERED	
U 21A. ACC	DENT WAS UNDERLYING	218	PLACE OF INJURY (e.g., in		D (tf to Bolton	ore City, give exoct location	-1
& DEATH (	iotity medical examined	hom	PLACE OF INJURY (e.g., in e, lorm, lociory, street, offi	ce bidg. INJURY OCCUR	?	ore city, give exoct locollo	nj
OF INJUR	(Month) (Doy) (Yeor)		INJURY OCCURRED		INJURY OCCUR?		
(APPROX.)		Wo					
22. I cer	tify that (N)(this hospital	ottended ti	ne deceased from	LINE Q	19.70 to 111	DD O	19 70
that (IX(	we) last saw the decease	d ailve on	UNE 9	19_70and	that In On W (our) as	pinion death accurred	on the date
ond hour	and from the causes stat	ed obove. (X	14 X4 X X (PIP) (9M)	ew the body after deal	th.		
(	Eline Hui 7	Stri	M. D. DEGREE Phys.	ding Med.	Staff Phys.	23B, DATE SIGNED	
23C. PHYS	ICIAN'S JE (Type)	1	2:	D. ADDREW LLKEN	S & CATON A	AVE BALTO M	D 2122
24A. BURIAL REMOVA	CREMATION, 248, DATE	24C.NA	ME of CEMETERY OF CREA	MATORY 24D	LOCATION (	City, town, or county)	(Stote)
Buri		West	Liberty Cemet	4.3			
25A. DATE RE		218 MANES	E GASTRAR	25C, FUNERAL DIRECT	TOR OLLSY III	le, Howard Mc	P. Vo
VS 150-REV. 1	/1/68		3	1012	14. Du	endly be	TX

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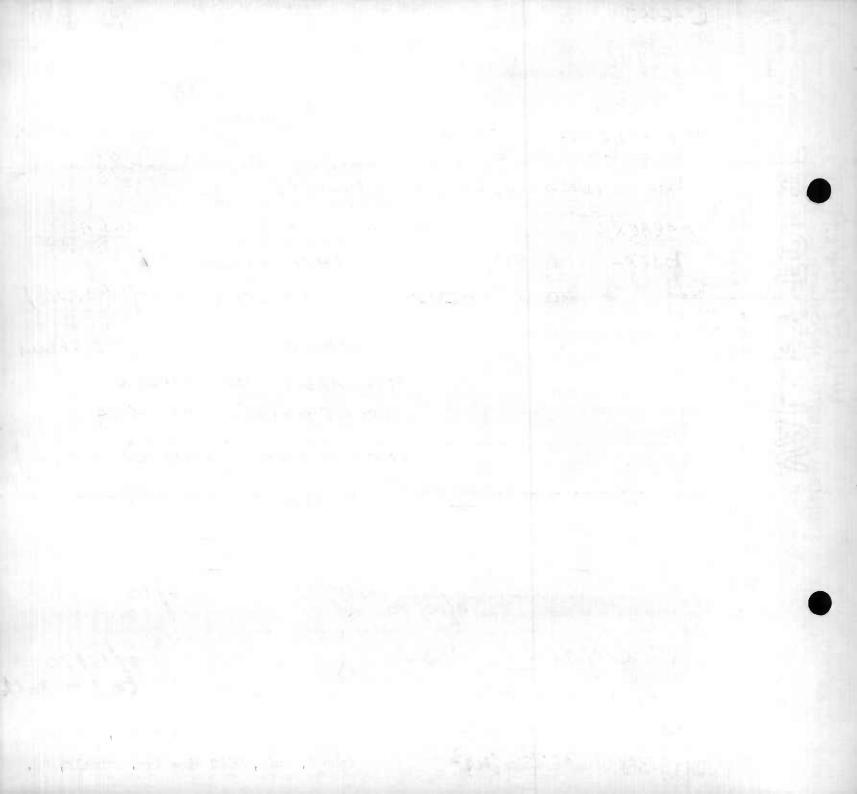
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IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65



JIIIV

16 BIRTH NO.	3 70	604		HEALTH DEPARTMENT	REG. NO,_	70 6041
1. NAME OF DEC			10	2. DATE	AND HOUR OF DEATH	
3. PLACE IN BAL	LIBER	TO, CI	TARLES (Ros	ARio) - JUI		
S. ILACE III BAI	TIMORE MARILAND, W	HERE PRONO	UNCED DEAD	A. STATE & CO	here deceased livedalf	Institution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	MARYLAND		2122925
INSTITUTION	ADDRESS OR LOCA			C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
1/1	ST AGNES H			BALTIMORE		YES Y NO
70	CATON & WI			E. STREET AND NUMBER		
/	BALTIMORE,	MARYL	AND 21229	4737 WILLIS	TON STREET	Γ
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Ye, If Under 24 Hi
MALE	WHITE	WIDOWED	DIVORCED T	03/27/84	las( birthday) 86	Months Doys Hours Min.
IOA, USUAL OCC	UPATION (Give kind of work	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country)	12. CITIZEN OF WHAT COUNT
done during most of	working lile, even il relired)					
retired 13. FATHER'S NA	owner	produce	merchant	ITALY		ITALY
				14. MOTHER'S MAIDEN N	AME	
	ES LIBERTO			Folisi Mu	NIIA	
5. Wes Deceased	Ever in U. S. Armed For	es?	1 6. SOCIAL	TT INTEGRALANT		ADDRESS
NO	an year give wat or dole:	a or selvice!	SECURITY NO.			
18. / /	0.41:		CAUSE OF DEATH	SI AGNES! R	ECORDS CAT	ON & WILKENS A
OTHER SIGNIF	OR CONDITIONS, if a abave cause (A) GONDITION last.  II  CICANT CONDITIONS CON H BUT NOT RELATED TO TH	stating the	(c) We	A CONSEQUENCE OF:	o above	ro-Vascular dis Least failus
T DISEASE OR C	ONDITION GIVEN IN PART OPERATION 198 CONT	( (A).	VUICH OBERATION	120 A A 11 - 0 P CW A 19 1	VI V 000 I	-400
	WAS PERF	ORMED	VITCH OPERATION	20A. AUTOPSY? (Yes or I		FINDINGS CONSIDERED
_ OR CONTRIBU	NT WAS UNDERLYING TING CAUSE OF medical examined	21 B, hom etc.)	PLACE OF INJURY (e.g., in e, form, foctory, street, off	or obout 21 C. WHERE DID	(If In Boltimo	ere City, give exact location)
21D. TIME OF INJURY (APPROX)	(Month) (Doy) (Year)		INJURY OCCURRED  le At  Not While  At Work	21F. HOW DID (A	JURY OCCUR?	
22. Leartify	that (X) (this bassies!)		e deceased from M		70	ME 13
short W (was	last saw the 1	ratelided it	ILINE 1 2	1	19 70 to JU	19 /0
mar AN (We)	iust saw the deceased	alive on	JUNE 13	19/Uand 1	that in (m)() (our) op	intan death accurred on the da
and hour and	fram the causes state	ed abave. (1)	(Me) (qiq) (XiX Yok) vi	ew the bady after death		
23A. SIGNATU	RE ST	1	A .			23 B. DATE SIGNED
1	+ ) ram	LIN	Diam	ding Med.	Staff Phys.	6-13-70
23C. PHYSICIA NAME (T)	N'S		DEGREE	3D. ADDRESS	,	
NAME (I)	A.S Nams,	M D		CL 4		
4A. BURIAL CPF	MATION, 1248, DATE		DEGREE CEAAFTERY CONT	St. Agnes Hosp		
REMOVAL (S	ipecify)		ME of CEMETERY of CRE	MAIORT 24D.	LOCATION (C	ity, town, or county) (Slote)
Burial	6/17/70		Cathedral Cem	etery Ra	ltimore, Md.	
SA. DATE REC'D	BY HEALTH DEPT.	258 NAME O	F REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
JUN 15	1970 Robert E	Janoes,	14 Do	Witzke, 1630	Edmondson A	ve., 21228
S 150-REV. 1/1/6	8	-			,	And house

VS 151-REV. 1/1/68

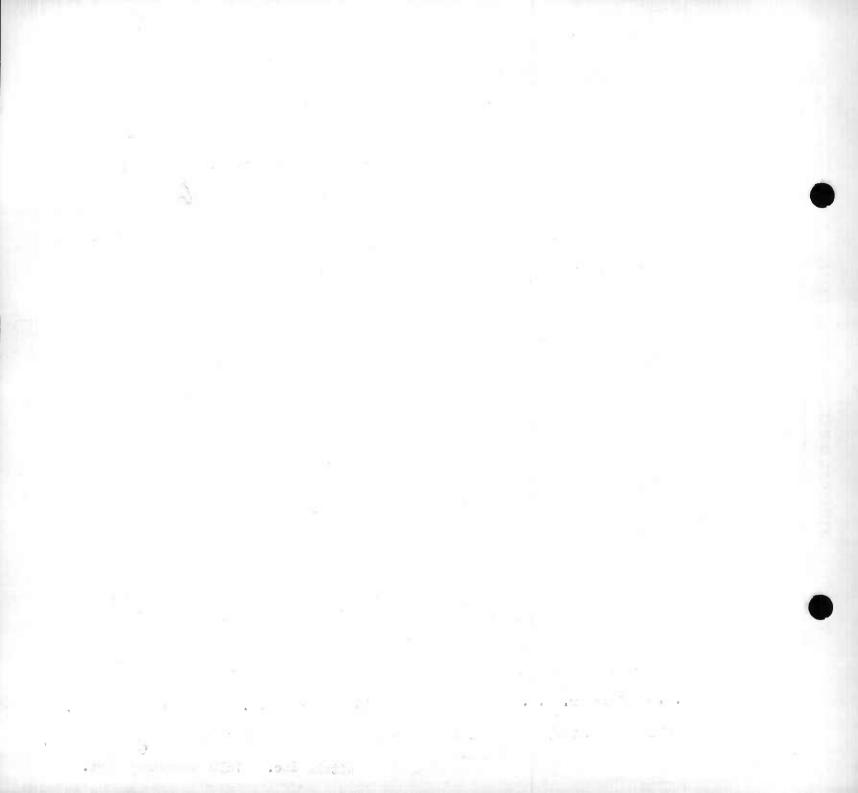
				No.	
MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH	70 REG. NO.	) 6	042-
SWINLER (Swindler)	2. DATE Known DF DEATH Estimoted	Month 6	Day	Yeor 70	Hour 6.40
RYLAND, WHERE PRONOUNCED DEAD  T IN HOSPITAL OR INSTITUTION, GIVE STREET SS OR LOCATION)	3. DATE PRONOUNCED DEAD	Month	Doy 12 1	Yeor	Hour

1	C_5U 6 70 6042 BALTIMORE CITY HEALTH DEPARTMENT
5,534	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 6042
65	I. NAME OF DECEASED  (Type or Print)  (Constant in the print)  (Constant in the print in the pri
)'	INA D SWINLER (Swindler) DEATH Estimoled 6 12 70 6.40 and
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD  3. DATE  Month  Doy  Yeor  Hour
	HOSPITAL ADDRESS OR LOCATION)  June 12 1970 6.40 a.k.
	STATE RESIDENCE (where decessed lived, institution; residence before damission)
	23 W. 27th Street  Maryland  SEX 17. RACE S. MARYLE MARYL MARYL MARYLE MARYLE MARYLE MARYLE MARYLE MARYLE MARYLE MARYL MARYLE MA
	Formal o VII-ita
	WINDOWED DIVORCED DI BATCO.
	lost birthdoy) Months ( Doys , Hours , Min.
	9/15/27 42 1 23 W. 27th Street  II, BIRTHPLACE (Slote or loreign country) 12. CITIZEN OF 13. FATHER'S NAME
	WHAT COUNTRY?
	North Rhodesia North Rhodesia John McDonald  [4A.USUAL OCCUPATION (Give kind of work] 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME
	done during most of working life, even il retired)
	Tabitha Bold  16. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL   18. INFORMANT (201 T ADDRESS
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
	19. CAUSE OF DEATH
	BETWEEN ONSET AND DEAT
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH
	(A)IMMEDIATE CAUSE Barbiturate overdose  (This does not meen the mode of dylng, e.g., heart foilure, esthenic, etc. It meens the disease,
	injury or complication which coused death.)
	ANTECEDENT CAUSES (a)
	DISEASES OR CONDITIONS, IF ANY GIVING DUE TO, OR AS A CONSEQUENCE OF:
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
	DISEASE OR CONDITION GIVEN IN PART 1 (A)
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No)
	no
	UNDERLYING FOR CONTRIB.
	UTING □ CAUSE OF DEATH. Home 23 W. 27th St.
	OF INITIDE
	(APPROX.) 6 12 70 ? m. WHILE AT NOT WHILE AT WORK XX Subject ingested overdose
	I certify that I hold an Inquiry Inspection XX Autopsy and that on this basis, death in my apinion
	resulted from: Natural causes Accident Sulcide XX Homicide Undetermined manner
	CHIEF MEDICAL EXAMINER
	ACTUAL ASSISTANT MEDICAL EVAMINED TO DATE SIGNED
	EXAMINER'S  ASSOCIATE MEDICAL EXAMINER
	NAME /Town
	24A. BURIAL CREMATION, REMOVAL (Specify)  24B. DATE  24C. NAME of CEMETERY or CREMATORY  24D. LOCATION (City, town, or county) (Stote)
	Punio 7 6/16/100 03 11 0
	1 18 18 1 4 F WINNER (. ) A A M A A
	JUN 15 1970 Rober E. Jack. Mr. Witzke Funeral Dr., 4101 Edmondson Ave

STATE OF THE PARTY OF THE PARTY. 

	ed in a hospital and ting cause of death d cause; (5) Deceased r attendance on the prior to death. Such
PORTANT	s assistant if death occurry, if the direct or contribuany kind; (4) Undetermine ced death was in regula ndance on the deceased or final disposition is mad
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
FU	leased to the hospital by ident of any nature; (2) B hospital (except where to death); and (6) No phy I must be obtained before
	This certificate must be a the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death) written approval must be

1-12	^			BALTIMORE CIT	Y HEALTH DEPART	MENT		1-10	200	40
BIRTH NO.	.0	70	60	43 CERTIFICA	ATE OF DEA	ATH	REG. NO	./(	J 60	43
1. NAME OF DEC	EASED				2.	DATE AN	D HOUR OF DEAT	Н		
	arge	- 127	126	Elizabelly		6	11-70		10:1	100
3. PLACE IN BAL	TIMORE, MA	RYLAND, W	HERE PRO	ONOUNCED DEAD	4. USUAL RESIDEN	NCE (Where	deceased lived. If	institution	teridence befo	PIN
				0	A. STATE	B. COUN	Υ		residence belo	TO OUTHISSION
FULL NAME OF HOSPITAL OR	(IF NOT	IN HOSPITA	L OR IN	ISTITUTION, GIVE STREET	Maryland				/ -	50;
INSTITUTION	A DILL	13 ON EOCA	HOIN		C. CITY OR TOWN		D. IN	SIDE CITY	LIMITS?	
<u> </u>	4				Baltimore			YES X	NO	
41	ne	Swi	CK		E. STREET AND N	UMBER		-		
// 7	00 W	- 40 T	h 5	Trees - 717.11	Keerriek H	ome 5	00 W. 40th	Stan	o+	
5. SEX	6. RACE		7. MARR							
T.	14/				1	i	ost birthdoy	Months	Doys Hour	Jnder 24 His.
01 1151141 0 00	1		WIDOV		11-31-9	3	110			
fone during most of v	VORKING LIFE AV	kind of work	108. KINE	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Sto	ote or foreig	n country)	12. CIT	ZEN OF WHA	AT COUNTRY
7					Dimir	nia				
3. FATHER'S NAM		u15e-				719			U.S.C	6.
					14. MOTHER'S MAI	IDEN NAM	E			
	lima	Lar	9		Til	ر ا م	11 -			
5. Was Deceased	From In It C	A		1 6. SOCIAL	17. INFORMANT	iav	Unile		ADDRESS	
es, no or unknown)	uf yes, give	wor or dotes	of servi	SECURITY NO.						
170				218-52-1116	Keswi	ick 1	Medica	1 Re	cords	5
18. 24/	3 I			CAUSE OF DEAT	Н					TE INTERVAL
DISEAS	E OR CONE	ITION DIR	ECTLY						BETWEEN ONS	ET AND DEATH
	LEADING TO	DEATH			PO	-	0		17	1.
(This does no	al mean the	mode of	dving,	(A) IMMEDIATE CA		an e	dema		100	rous
heort failure,	aslhenia, elc	. Il means I	the disec	nse, DUE TO, OR AS	A CONSEQUENCE OF:	• '				
injuly or camp			death.)	A #	· O -A	. 6	A 0		10	
A	NTECEDENT	CAUSES		11/1/01	unclinate	- 140	N diesus	se.	10 9	rears
DISEASES O	R CONDITI	ONS. if a	nv. aiv	ing DUE TO, OR AS	A CONSEQUENCE O	F+	*************		<i>U</i>	
rise to the	abave co	use (A)	sloling	lhe	The second desired of	•				
UNDERLYING	CONDITIO	N last.		(c)						
	- 11			00 0	1 .0-	. 0	- /1			
OTHER SIGNIFIC	CANT COND	TIÒNS CON	TRIBUTIN	16 Kkeemeton	d arthrit	tis. 1	nactive		many	1100
TO THE DEATH	I BIIT NOT DE	ATED TO THE	E TEDALISE	AL		1	, 40000000		7,000	geore
MINA DATE OF	OPERATION	198 COND	ITION FO	OR WHICH OPERATION	20A. AUTORSY2 (Y	(as as Na)	208 IE VEC WERE	FINIDINGS	CONCIDENCE	
21A. ACCIDEN		WAS PERFO	RMED		77 -	65 01 140/	208, IF YES, WERE	USES OF	DEATH?	,
21A. ACCIDEN	T WAS HAD	EDI VINIO [7]		212 81 4 55 05 1111111	NO					
. OR CONTRIBUT	ING CAU	SE OF		21B. PLACE OF INJURY (e.g., i home, farm, factory, street, a	fice bldg, INJURY OC	E DID	(If In Boltimo	re City, give	e exact location	n)
DEALH (notify	medicol exom	In en		etc.)						
21D. TIME	(Month) (De	yl (Yeor)	(Houst	21E, INJURY OCCURRED	21 F. HOW	DID INTE	V OCCITOR			
OF INJURY				While At Not While		טוט ואזט	KT OCCUR?			
(APPROX.)				Work At Wark	"□,   .			,	,	
22. I certify t	hat Withis	hospital	attende	d the deceased fram	8/13/20	10		1100	120	**
					110100			114	10	.19
that (f) (we) !				/ /	19	and that	In (my) (aur) ap	Inlan deat	h accurred	an the date
and hour and	from the co	uses state	d abave	· () (We) (did) (did not) v	lew the body after	death				
23A. SIGNATUR	E	1	1	10 0	,			23R DAT	E SIGNED	
IM	11	-//	1/-	Mid. Atte	nding Med.	[m] St	aff \	/	/	
22C BUYELEI	com	well ,	Y	OEGREE Phys	. Directo		y L	6/	12/2	0
NAME (Ty	pel		//		3D. ADDRESS					
23C. PHYSICIAN NAME (TY	aniels,	Jr. M.	D.		11East Cha	ase St	• Balti	more	Md	
A. BURIAL CREM	ATION. 124R			NAME of CEMETERY OF CRE						
REMOVAL (S.	ecilyl	115/10				24D. LOC		ity. town, o	r countyl	(Statel
11111	1070	0 46	70	Woodlawn Cemete:	ry	Ba	ltimore			Md.
5A HAN TECO	CHEALTH	PEPT.	SE NAM	LOE PLONE DAR	25C. FUNERAL DI	IRECTOR			ADDRESS	
J 4.7 E						Inc.	1630 Edmo	ndson	ADDRESS AVE	
S 150-REV. 1/1/68				e) 3		1 6				
3 13U=KEV, 1/1/61	5					7-10				



B-622 70 60	BALTIMORE CITY CERTIFICA	HEALTH DEPARTMENT	REG. NO.	70 6044
1. NAME OF DECEASED (Type or Print)  BURGESS, MAE		2. DATE A	INE 11, 19	
3. PLACE IN BALTIMORE, MARYLAND, WHERE			ere deceased lived. I	f institution: residence before admis
ADDRESS OF LOCATION ST. AGNES H		C. CITY OR TOWN BALTIMORE E. STREET AND NUMBER	D. 11	NSIDE CITY LIMITS?
		30 EDMONDS	ON RIDGE	RD.
FEMALE   WHITE   WII	ARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH 12-13-95	9. AGE (In years last bighday)	Months Doys Hours M
10A, USUAL OCCUPATION (Give kind of work 10B, done during most of working life, even if refired) HOUSEWIFE	KIND OF BUSINESS OR INDUSTRY	MARYLAND	eign country)	U.S.A.
JAMES FAGER		GRACE (ME		
15, Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) lift yes, give war or dotes of s	servicei 16. SOCIAL SECURITY NO. 215-01-388	17. INFORMANT	BALTO MD.	. 21229 DDRESS ATON & WILKENS
DISEASE OR CONDITION DIRECTI LEADING TO DEATH  (This does not mean the mode of dying heart failure, astheria, etc. It means the	g, e.g., (A) IMMEDIATE CAU	Partaiti	. # wrear	APPROXIMATE INTERVIBENCE ONSET AND D
injury or complication which caused death ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, ise to the above cause (A) static UNDERLYING CONDITION last.	giving (B) DUE TO, OR AS	ASCUD, inv	olving Kid	they Heart
O OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A	UTING MINAL			
1994 DATE OF OPERATION 1998 CONDITION WAS PERFORMED 1214 ACCIDENT WAS UNDERLYING	N FOR WHICH OPERATION	20A AUTOPSY? (Yes or N	O) 208. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical exemines)	21B, PLACE OF INJURY (e.g., Inhome, farm, foctory, street, oldered)	or about 21 C. WHERE DID	(Il In Boltim	nore City, give exact location)
21D-TIME (Month) (Doyl (Yeor) (Hot OF INJURY (APPROX.)	While At Work  Work  Not While At Work	21F. HOW DID IN	JURY OCCUR?	
22. I certify that M) (this hospital) atte that MXwe) last saw the deceased all	nded the deceased from JUNE 11	MAY 13	.,,	JNE 11 19 7
and haur and from the causes stated at 23A. SIGNATURE	ave XXXXXX (We) (did) XXXXXX	ew the body ofter death.		23B, DATE SIGNED
23C.PHYSICIAN'S NAME (Type)	DEGREE Phys.	Adding Med. Director 30. ADDRESS	Staff Phys.	06-12-70
	Sen' In . P. DEGREE  24C. NAME OF CEMETERY OF CRE	St Ague,	Hospital	City, town, or county) (Stol
Burial 6/15/70	Loudon Park Cemet	ery	Baltimore	Md.
JUN 1 5 1970 168-6 E.	AME OF REGISTRAR	Witzke Inc.	163 21228	80 Edmonda Chies Ave

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BIRTH NO.	70	6046	CERTIFICA	HEALTH DEPARTMENT OF DEAT	'H REG. NO	70 6046
1. NAME OF DEC	Barranco,	Charles			6-12-70	1 10:49A
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC		JNCED DEAD	Maryband  C. CITY OR TOWN	COUNTY	institution; residence before admission    STOPE CITY LIMITS?
40	Saint Agnes Caton & Wilk		S .	Baltimore E. STREET AND NUM	BER	YES DATE NO
5. sex Male	6. RACE White	7- MARRIED WIDOWED	21229 C NEVER MARRIED DIVORCED	8. DATE OF BIRTH  11/9/89	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Mine
10A: USUAL OCC done during most of Machi	UPATION (Give kind of work working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY  portation	11. Birthplace (Siole of	or foreign country!	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NA. Rosa	rio Barranco			14. MOTHER'S MAIDE	Fonte	
15. Wos Deeeosed (Yes, no or unknawn	Ever in U. S. Armed Far I (If yes, give war ar dote	rces? es of servicel	16. SOCIAL SECURITY NO. 213-05-9927	17. INFORMANT Mrs.Frances	barranco 2-	ADDRESS Sharonwood Court
DISEASES Conservation of the United States of the U	LEADING TO DEATH  not mean the mode of asthenia, etc. It means application which caused ANTECEDENT CAUSES  OR CONDITIONS, if above cause (A) CONDITION last.  II  CANT CONDITIONS CO H BUT NOT RELATED TO IT	the disease, death.)  any, giving stating the NTRIBUTING HE TERMINAL	B. art	SEMMETAL A CONSEQUENCE OF:	leros (s	254 Janes
19A. DATE OF	OPERATION 198. CON WAS PER	DITION FOR W		20A. AUTOPSY? (Yes	1	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTED OF INJURY	NT WAS UNDERLYING TING CAUSE OF medical examined	elc.)		21F. HOW DIE	ID (If In Baltime	ore City, give exact lacation)
that (i) (we)	that (1) (this hospital	) attended the	e deceased from	19 // or	1955 to 6	19 1/2 19 1/2 inlon death occurred on the date
23A. SIGNATU 23C. PHYSICIA NAME (T)	RE MEAN PA	lage	DEGREE Phys	iding Med. Director C	Stoff Phys.	23B, DATE SIGNED
REMOVAL (S Burial	MATION, 248. DATE 6/16/70	24C. NA	ME of CEMETERY of CRE		D. LOCATION (C	ity, town, or county! (Stotel
UN'1'5"197	D "TOBLE 3	258 NAME OF	REGISTRAR	25C FUNERAL DIRE	C. 1630 Edmor 21228	ndson Ave.

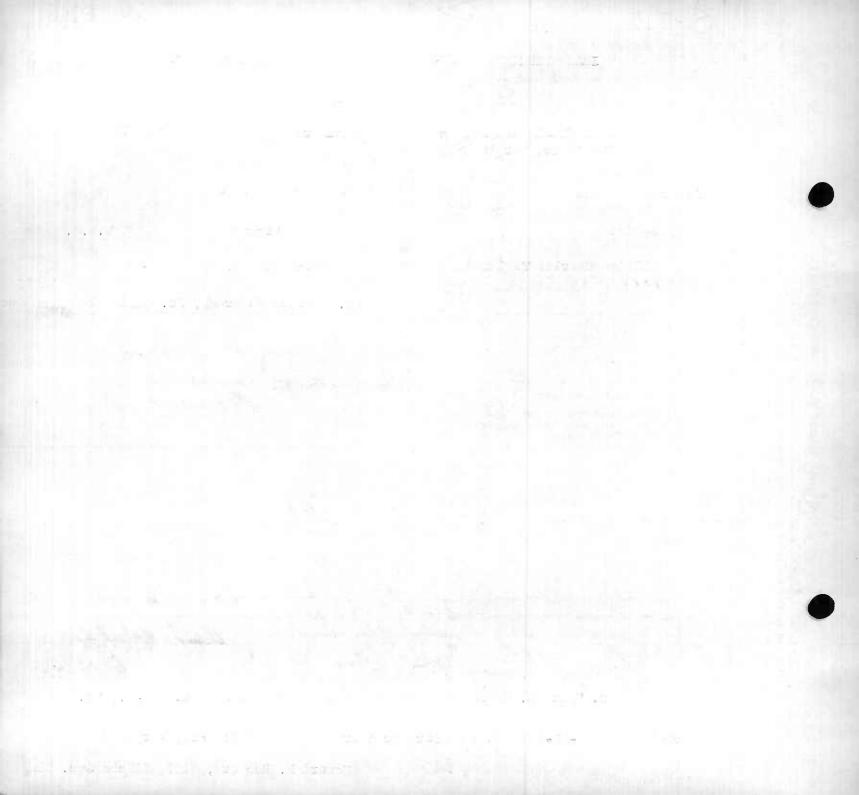
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NE	10	- A 1994	BALTIMORE CITY	HEALTH DEPARTMENT	חליי ע	0 - 10-
BIRTH NO.	20 10	6047	CERTIFICA	TE OF DEATH	REG. NO.	6047
1. NAME OF DE				2. DATE	AND HOUR OF DEATH	
0.00.000.00	CHANCE	, AMMI	E PEARL	JUI	NE 9, 4970	8:00 P.
3. PLACE IN BA	ALTIMORE MARYLAND, V	WIE PEA	RL CHANCE)	4. USUAL RESIDENCE (	Where deceased lived, If institution	n: residence before admission
FULL NAME OF	F (IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	MARYLAND	BALTIMORE	21227 53/
HOSPITAL OR				C. CITY OR TOWN	D. INSIDE CIT	Y LIMITS?
1/1	ST AGNES H			LANSDOWN		□ NO KX
40	CATON & WI BALTIMORE,	MARYL	AND 21229	E. STREET AND NUMBER		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years If Ur Mont	nder I Yr. If Under 24 Hr.
FEMALE	WHITE	WIDOWED	DIVORCED [	10/04/88	01	Tools William
done during most o	CUPATION (Give kind of world f working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or		ITIZEN OF WHAT COUNTE
HOUSE	WIFE			TENNESSEE		U.S.A.
13. FATHER'S NA	AME			14. MOTHER'S MAIDEN	NAME	U.S.A.
GEORGI	E W CHAMBER	2				
5. Wos Deceose	d Ever In U. S. Armed For n) (If yes, give wor or dote	ces?	1 6. SOCIAL	MARY ELLA		ADDRESS
. es, no or unknow	III yes, give wor or dole	s of Service)	SECURITY NO.	BALTO MD	21229	WILKENS AVE
18. / 5			219=54=3352 CAUSE OF DEATH	ST AGNES! R	RECORDS CATON &	MXXKKXMXXX
	ASE OR CONDITION DI	ECTIV			CANCEROL	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
01327	LEADING TO DEATH	(EC 1F1			LIVER	BLISHED
This does	nat meen the mode of	dying, e.g.,	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:	L / U '- K	BLISHED
injury at car	, asthenia, etc. It means mplication which caused	the disease, death.)			ASTRO INTES.	IVOT ESTA
	ANTECEDENT CAUSES			VAL TEA		BLISHES.
DISEASES	OR CONDITIONS, if	anv. nivina	(B)DUE TO, OR AS	A CONSEQUENCE OF:	***************************************	
rise to th	ie abave cause (A)	stating the				
UNDEKLIN	G CONDITION last,		(c)			
Z	11	(Page 1994 4 or	13-=0	CPI = ONT	in Alpainil	110
E I IO THE DEA	FICANT CONDITIONS COL	IE TEDMINIAL	CULAN	SISEACE	IC GARRIOVAS	SKISHES
19A. DATE OF	F OPERATION 198 CON	OTION FOR V				
19A. DATE OF	WAS PERF	ORMED		1/0	No) 208, IP YES, WERE FINDING IN CERTIFYING CAUSES OF	F DEATH?
An adresses	NT WAS UNDERLYING UTING CAUSE OF	218,	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If In Boltimore City, g	live exact location)
DEATH (notify	UTING CAUSE OF medical examined	ham etc.)	e, larm, lociory, street, of	ce bldg. INJURY OCCUR	pr in bounding City, §	HAT STOCK INCOMINE
O 21 D. TIME	(Month) (Doy) (Yeat)		INJURY OCCURRED	218 110		
OF INJURY	(100)		e Al Not While	21F. HOW DID	INJURY OCCUR?	
		11011	At AAOM			
22. I certify	that 🕅 (this hospital)	attended th	e deceosed from	NE 1	19 70 to JUNE 9	19_70_
that (1) (we)	lost sow the decease	d alive on	JUNE 9	1970ond	that in 06% (aur) opinion de	oth occurred on the dol
and hour on	d from the couses stot	ed abave.	(Me) (q1q) (XXXXXVI	ew the bady after deat	h	
23A. SIGNATU	URE /	•				ATE SIGNED
	Allo per	10-5	Dhan	ding Med.	Staff Phys.	
23C. PHYSICIA	ENS 1 .		- FORES	D. ADDRESS		06/09/70
NAME		EINA	1=5 M.J	St Hines	1128117AL. SA	170, 2122
4A. BURIAL CRE	MATION 1248 DATE		DEGREE			
REMOVAL ( Buri			ME of CEMETERY of CREATING Hill Ceme		LOCATION (City, town, Easton, Md.	or county) (State)
				1	and com, rid.	
5A. DATE REC'D	BY HEALTH DEPT 2	25B. NAME O	REGISTRA	25C. FUNERAL DIRECT	OR	ADDRESS
JUN		THE WAY ALLES	CES TES	nubbard runer	al HomeInc. 4107	Wilkens Ave.
S 150-REV. 1/1/	68					

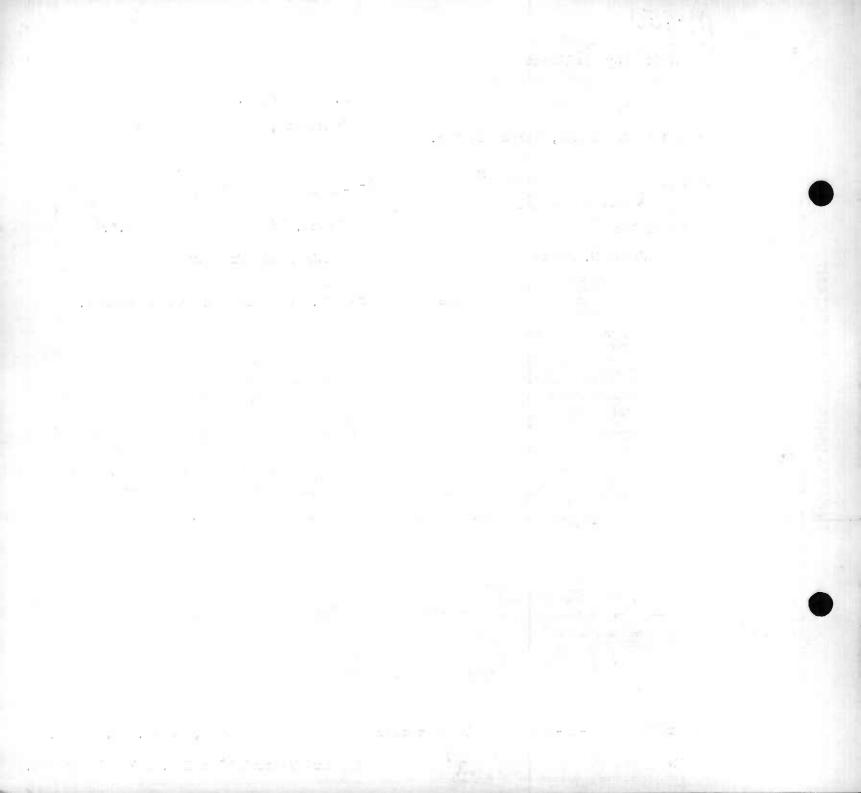
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JUN 15 VS 150-REV. 1/1/6B

0	211				HEALTH DEPARTMENT		70 6048	
BIRTH		7	70 (	6048CERTIFICA		REG. NO	0010	
	or Print)	ASED IIDA	VIRGINI	A SUDBROOK		ne 10, 1970	8:00 A. M.	
3. PL/	ACE IN BALTI	MORE MAR	LAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Wh A. STATE B. COU		nstitution: residence before admission)	
FULL	NAME OF	(IF NOT I	N HOSPITAL OR IN	STITUTION, GIVE STREET	Maryland		2582	
IN STI	TUTION				C. CITY OR TOWN	D. INS	SIDE CITY (IMITS?	
1	0		Wilmington more, Mary		Baltimore E. STREET AND NUMBER		YES X NO	
		Datel	more, mary	Land	1091 Wilming	ton Avenue		
Fe.	male	6.RACE White		IED NEVER MARRIED DIVORCED	3-6-02	9. AGE (In years lost birthday)	If Under 1 Yı. If Under 24 Hrs. Months Doys Hours Min.	
				OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?	
done d	Housew		if retired)		Mary	Land	U.S.A.	
3. FA	THER'S NAM				14. MOTHER'S MAIDEN NA			
	Wil	liam Ch	arles Tayl	or	Caroline	Bishop		
5. Wo	s Deceosed	Ever in U. S.	Aimed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS 21223	
	No	yes, g.ve	301 01 00100 01 00111	JECORITI NO.	Mr. Charles Su	dbrook, Jr.	1091 Wilmington Ave	
18		041		CAUSE OF DEAT			APPROXIMATE INTERVAL	
	DISEASE	OR COND	ITION DIRECTLY			-		
		EADING TO		(A)IMMEDIATE CAL	ISE Coronary	raday occli	heron	
			mode of dying, It means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	-		
			th coused deoth.)	Aute	DUE TO, OR AS A CONSEQUENCE OF:  Afterior levete Cardro - Vase.  Alsoano -			
	ANTECEDENT CAUSES (B) alsoase							
			NS, if ony, give	ing .	A CONSEQUENCE OF:			
	se to the		use (A) stoting	(C)				
		- 11						
			IONS CONTRIBUTI					
▼ DI	ISEASE OR CO	NDITION GIV	ATED TO THE TERMIN		\$\phi \phi \phi \phi \phi \phi \phi \phi			
RTIFIC 19	A.DATE OF	OPERATION	WAS PERFORMED	OR WHICH OPERATION	NO	in CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?	
U 21	A. ACCIDENT	T WAS UND	ERLYING	21 B. PLACE OF INJURY (e.g., i	in or obout 21 C. WHERE DID	(If in Boltimo	ore City, give exoct location)	
D P	EATH (notify	medical exam	in erf	etc.)	mee sings, mooki occok.			
W 10		(Month) (Do	y) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
>	F INJURY			While At Not While Work At Work				
22	2. I certify t	that (I) (this	hospital) attend	ed the deceased from	9-2-	1963 to	6-10-1970.	
th	ot (I) ( <del>we)</del>	lost sow the	deceased alive	on 6 - 9 -	19 70 ond t	hot In (my) ( <del>our)</del> op	sinion death occurred on the date	
01	nd hour ond	from the co	uses stated abov	e. (1) (We) (did) (did not)	view the body ofter death	oler S.	Medical Engrana	
	A. SIGNATUR		(11/			Creature C	23B. DATE SIGNED	
	7	Name	X102.	of all Divisions of Divisions	ending Med.	Staff Phys.	6-10-70.	
23	C. PHYSICIAN	17	1 of the	DEGREE	23D. ADDRESS	,		
	NAME (Ty	Dr.	arry L. Kr	ipp	4116 Edmonds	on Avenue. I	Balto., Md.	
24A. E	BURIAL CREM			DEGREE C. NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION (C	City, town, or county! (Stotel	
	removal (S <sub>i</sub> urial			Loudon Park Cem	eterv	Baltimore, N	Maryland	
	DATE REC'D			ME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS	
	JUN 1	5 1970	Robert E. Jo	Ben M.D.			Wilkens Ave. 21229	
					4 3 Audit 194			

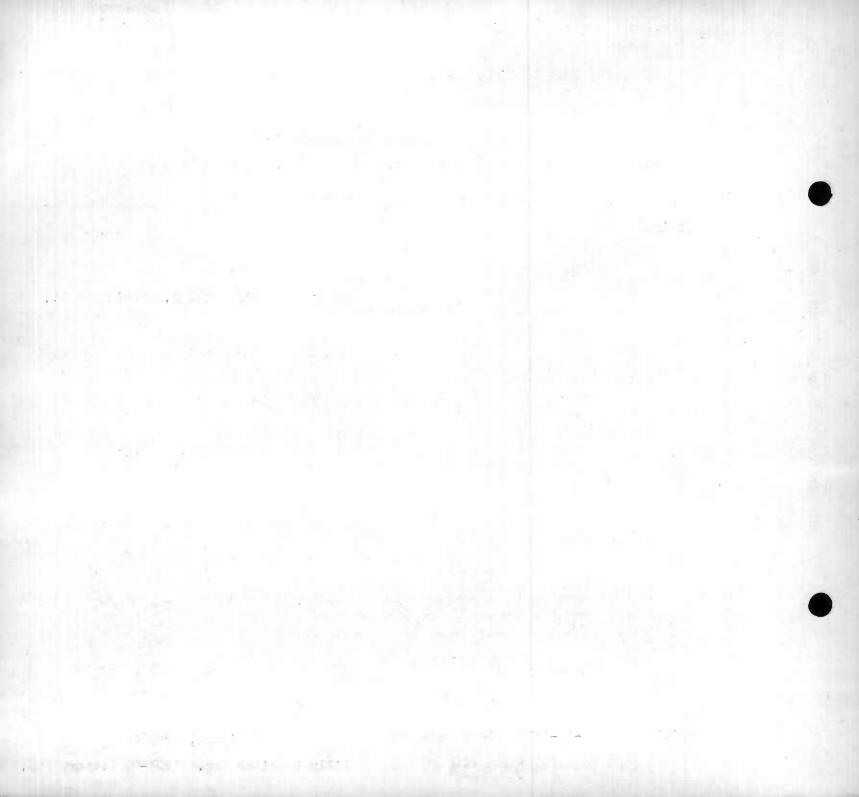


M-450		HEALTH DEPARTMENT	70 6049				
BIRTH NO. 70 6	049 CERTIFICA	TE OF DEATH REG. NO	0043				
Type of Edith May Mallonee		& CO 70	1 5. 20 P. M				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)		A. STATE B. COUNTY Md. Balto.	Institution: residence before admission				
House in the Pines, Belv	edere Ave.	Baltimore,  E. STREET AND NUMBER	YES NO				
WiDO		87 DATE OF BIRTH 9. AGE (In years lost bighdoy) 86	If Under 1 Yr. If Under 24 Hr. Months Days Haurs Min.				
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)  hous ewife	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Balto. Md	12. CITIZEN OF WHAY COUNTR				
James M. Smith		14. MOTHER'S MAIDEN NAME Elizabeth Frazier					
5. Was Deceased Ever in U. S. Armed Forces? Yes, no at unknown) (If yes, give wor or dotes of sen NO	icel SECURITY NO. NONE	John H. Mallonee 5205 Gwy	ADDRESS ynn Oak Ave.				
heort loilure, asthenio, etc. It means the distingury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it any, ginse to the abave cause (A) stating UNDERLYING CONDITION last.  It other significant conditions contributions to the terminal contributions of the terminal contributions.	ving (8) DUE TO, OR AS (c) M	resture Pulmon Johnah - 50 yrs					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 198. CONDITION WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY3 (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH inofity medical examined	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21C. WHERE DID (II In Boltimorice bldg., INJURY OCCUR?	re City, give exact location)				
21D-TIME (Month) (Day) (Year) (Hour) (APPROX.)	21E INJURY OCCURRED While At Not While Work	21 F. HOW DID INJURY OCCUR?					
22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased alive	on	1925 to five 1925	nion death accurred an the dat				
and hour and from the causes stated abay  23A. SIGNATURE  Lund J. Cham	ben DEGREE Phys.	ding Med. Stoff Director Phys.	23B, DATE SIGNED 70				
23C-PHYSICIAN'S NAME (Type)	DECORE	3D. ADDRESS					
Burial 6-13-1970	Woodlawn Cemeter		ity, town, or county) (State)				
14N 1 5 1970 Page 8 344	AE OF REGISTRAR	25C. FUNERAL DIRECTOR O Hubbard Funeral H me Inc	.4107 Wilkens Ave.				



Such

BIRTH N	1 4 4		BALTIMORE CITY	HEALTH DEPARTMENT		70 0050	
		050	CERTIFICA	TE OF DEATH	REG. NO	70 6000	
1. NAME	OF DECEASED			2. DATE AN	D HOUR OF DEATH		
(Type or	Print) BAUERS, John	о Т		Tumo	10 1070	0.70 8 44	
3. PLACE	E IN BALTIMORE, MARYLAND, WH	ERE PRONO	JNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If i	nstitution: residence before admission)	
				A. STATE B. COUN	1Y .s4	201	
HOSPITA	AME OF (IF NOT IN HOSPITAL AL OR ADDRESS OR LOCAT	L OR INSTITUTION)	JTION, GIVE STREET	Maryland	graph 1	201	
INSTITUT	TION			C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?	
91)				E. STREET AND NUMBER		YES NO NO	
10				E. SIREEI AND NUMBER			
	ton Hill Nursing &			242 S. Was	shington St		
S. SEX	6. RACE	· MARRIED	NEVER MARRIED X	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.	
1	M W	WIDOWED	DIVORCED	4-18-89	81		
	AL OCCUPATION (Give kind of work)	OB, KIND OF	BUSINESS OR INDUSTRY		gn country)	12. CITIZEN OF WHAT COUNTRY?	
	ng most of working life, even if retired)			Maryland		U.S.A.	
	ER'S NAME				A.F.	U.D.A.	
13. FAIR	ER S NAME			14. MOTHER'S MAIDEN NAM	A E		
	Bauers, John	1		Frice, Fra	ances		
S. Wos I	Deceosed Ever in U. S. Armed Force	s?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
(162,110 0)	runknown) (If yes, give wor or dotes	or service)	SECURITY NO.	Mrs Helen Lewi	s 242 S.	Washington St.	
120			219-07-2254 CAUSE OF DEAT			APPROXIMATE INTERVAL	
1B.	4/213		CAUSE OF DEAT			BETWEEN ONSET AND DEATH	
-	DISEASE OR CONDITION DIRE	CTLY		1	. 0 1	, _	
(This	s does not mean the made of d	lvina ea	(A) IMMEDIATE CAL	SE auteurlus	tu lent a	Harre years	
heor	rl foilure, osthenio, etc. It meons t	he diseose,	DUE TO, OR AS	A CONSEQUENCE OF:			
injur	ry or complication which coused d	leoth.)					
	ANTECEDENT CAUSES		(B) EUX	Turseline al	nearly of	nen	
DISE	DISEASES OR CONDITIONS, if ony, giving  (B)  DUE TO, OR AS A CONSEQUENCE OF						
	to the obove couse (A) s	sloting the	77	2. 11-1 -0		-11-	
UNL	DERLYING CONDITION lost,		(C)(C)	wu co		aceus	
		-					
7							
	II  ER SIGNIFICANT CONDITIONS CONTHE						
A DISE	HE DEATH BUT NOT RELATED TO THE ASE OR CONDITION GIVEN IN PART	TERMINAL					
A DISE	HE DEATH BUT NOT RELATED TO THE ASE OR CONDITION GIVEN IN PART	TERMINAL  1 (A).  ITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED	
ERTIFICATI	HE DEATH BUT NOT RELATED TO THE ASE OR CONDITION GIVEN IN PART DATE OF OPERATION 198. CONDI WAS PERFO	TERMINAL  1 (A).  ITION FOR YORKED		No	IN CERTIFYING CA	AUSES OF DEATH?	
CERTIFICATION 1980	HE DEATH BUT NOT RELATED TO THE ASE OR CONDITION GIVEN IN PART DATE OF OPERATION 19B. CONDI WAS PERFO  ACCIDENT WAS UNDERLYING	TERMINAL 1 (A). ITION FOR VORMED	PLACE OF INJURY (e.g., i	No n or obout 21C. WHERE DID	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?  The City, give exact location)	
CERTIFICATION OR OF CONTRACT OR OF C	HE DEATH BUT NOT RELATED TO THE ASE OR CONDITION GIVEN IN PART DATE OF OPERATION 198. CONDI WAS PERFO	TERMINAL 1 (A). ITION FOR VORMED	PLACE OF INJURY (e.g., ie, form, foctory, street, of	No	IN CERTIFYING CA	AUSES OF DEATH?	
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MEDICAL CERTIFICAL OLD STATE OF IN (APPI	HE DEATH BUT NOT RELATED TO THE ASE OR CONDITION GIVEN IN PART DATE OF OPERATION 198. CONDI WAS PERFO  ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF TH (notify medical examiner)  TIME (Month) (Doy) (Year) NJURY	TERMINAL 1 (A). ITION FOR N RMED 218, hometc. (Hour) 21E, Whi	PLACE OF INJURY (e.g., i e, form, foctory, street, of INJURY OCCURRED le At Not Whil k At Work	NO n or obout 21C. WHERE DID injury occur?  21F. HOW DID INJURY	(If in Boltimo	re City, give exoct locotion)	
WEDICAL CERTIFICAL OLD SEVEN COR	HE DEATH BUT NOT RELATED TO THE ASE OR CONDITION GIVEN IN PART DATE OF OPERATION 198. CONDI WAS PERFO  ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF TH (notify medical examiner)  TIME (Month) (Doy) (Year) NJURY ROX.)  I certify that (I) (this haspital)	TERMINAL  1 (A).  ITION FOR N  PRMED  21B. hom etc.  (Hour) 21E. Whi Wor	PLACE OF INJURY (e.g., i e, form, foctory, street, of INJURY OCCURRED le At Not Whil k At Work	No n or obout 21C. WHERE DID fice bldg, INJURY OCCUR?  21F. HOW DID INJ	(If in Boltimo	re City, give exact location)	
TY DISEAU TO DIS	HE DEATH BUT NOT RELATED TO THE ASE OR CONDITION GIVEN IN PART DATE OF OPERATION 1998. CONDITION WAS PERFORM CONTRIBUTING CAUSE OF TH (notify medical examiner)  TIME (Month) (Day) (Year)  TIME (Month) (Day) (Year)  ROX.)  I certify that (I) (this haspital)  (I) (we) last saw the deceased	TERMINAL  1 (A).  1 (A).  21 B.  hom etc.  (Hour) 21 E.  Whi woi	PLACE OF INJURY (e.g., in e., form, foctory, street, of injury occurred)  le At Not While At Work  ne deceased from	No n or obout 21C. WHERE DID fice bldg, INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	(If in Boltimo	re City, give exoct locotion)	
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DISE/ 19A. 1 19A. 1 19A. 1 19A. 1 21A. 0 0R C DEAT 21D. 0 (APPI 22. I that and 23A. 2	HE DEATH BUT NOT RELATED TO THE ASE OR CONDITION GIVEN IN PART DATE OF OPERATION 198. CONDIWAS PERFORM CONTRIBUTING CAUSE OF TH (notify medical examiner)  TIME (Month) (Day) (Year) (ROX.)  I certify that (I) (this haspital) (I) (we) last saw the deceased haur and fram the causes states SIGNATURE	TERMINAL  1 (A).  1 (A).  21 B.  hom etc.  (Hour) 21 E.  Whi woi	PLACE OF INJURY (e.g., if e.g., form, foctory, street, of injury occurred)  INJURY OCCURRED  Le At Not While At Work  The deceased fram  (We) (did) (dld nat) was a constant.	No n or obout 21C. WHERE DID fice bldg,, INJURY OCCUR?  21F. HOW DID INJURY  and the liew the bady after death.	(If in Boltimo	re City, give exact location)  From City, give exact location and the date accurred an the date	
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TO DISE/ 19A. 1 19A. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TIME (Month) (Doy) (Year)  TIME (Month) (Doy) (Year)  I (I) (we) last saw the deceased haur and fram the causes states  SIGNATURE  PHYSICIAN'S  NAME (Type)  RIAL CREMATION, 124B, DATE  ASSOVAL (Specify)  10 TO PERATION (SPECIF)  PASSOURCE  PASSOURCE  TO PERATION (1) (1) (This haspital)  (I) (We) last saw the deceased haur and fram the causes states  SIGNATURE  PHYSICIAN'S  NAME (Type)  AND (A) (Specify)  AND (A)	TERMINAL  1 (A).	PLACE OF INJURY (e.g., if e.g., form, foctory, street, of injury occurred)  INJURY OCCURRED  Le At Not While At Work  The deceased fram  (We) (did) (dld nat) was a constant.	No n or obout 21C. WHERE DID fice bldg,, INJURY OCCUR?  21F. HOW DID INJURY  1972 and the bloom of the bloom	IN CERTIFYING CA	re City, give exact location)  From City, give exact location and the date accurred an the date	
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DISE/ 19A. I 19A. I 19A	TIME (Month) (Doy) (Year)  TIME (Month) (Doy) (Year)  I (I) (we) last saw the deceased haur and fram the causes states  SIGNATURE  PHYSICIAN'S  NAME (Type)  RIAL CREMATION, 124B, DATE  ASSOVAL (Specify)  10 TO PERATION (SPECIF)  PASSOURCE  PASSOURCE  TO PERATION (1) (1) (This haspital)  (I) (We) last saw the deceased haur and fram the causes states  SIGNATURE  PHYSICIAN'S  NAME (Type)  AND (A) (Specify)  AND (A)	TERMINAL 1 (A).  1 (A).  1 (A).  1 (A).  1 (A).  21 B. hom etc.  Whin work work with the state of the state o	PLACE OF INJURY (e.g., if e.g., form, foctory, street, of the e.g., form, foctory, street, street, street, of the e.g., form, foctory, street, street, street, street, street,	No n or obout 21C. WHERE DID fice bldg,, INJURY OCCUR?  21F. HOW DID INJ  1979 and the fiew the bady after death.  Inding Med. Director  23D. ADDRESS  2 F Plant  EMATORY 24D. LC	IN CERTIFYING CA	inian death accurred an the date  238. DATE SIGNED  (Stote)	
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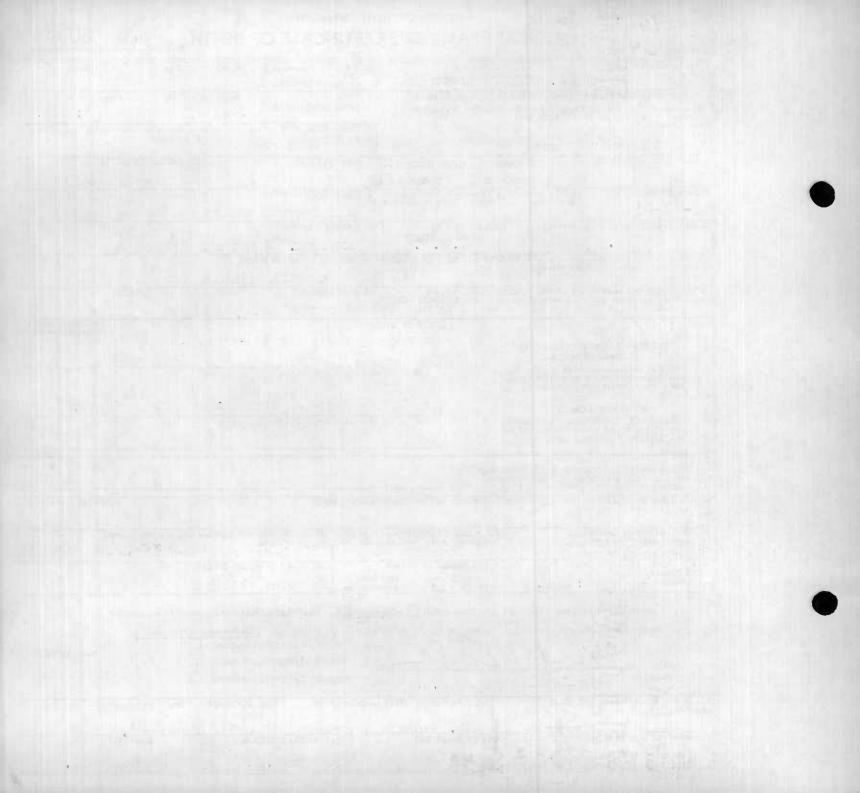
IMPORTANT

DIRECTOR:

FUNERAL

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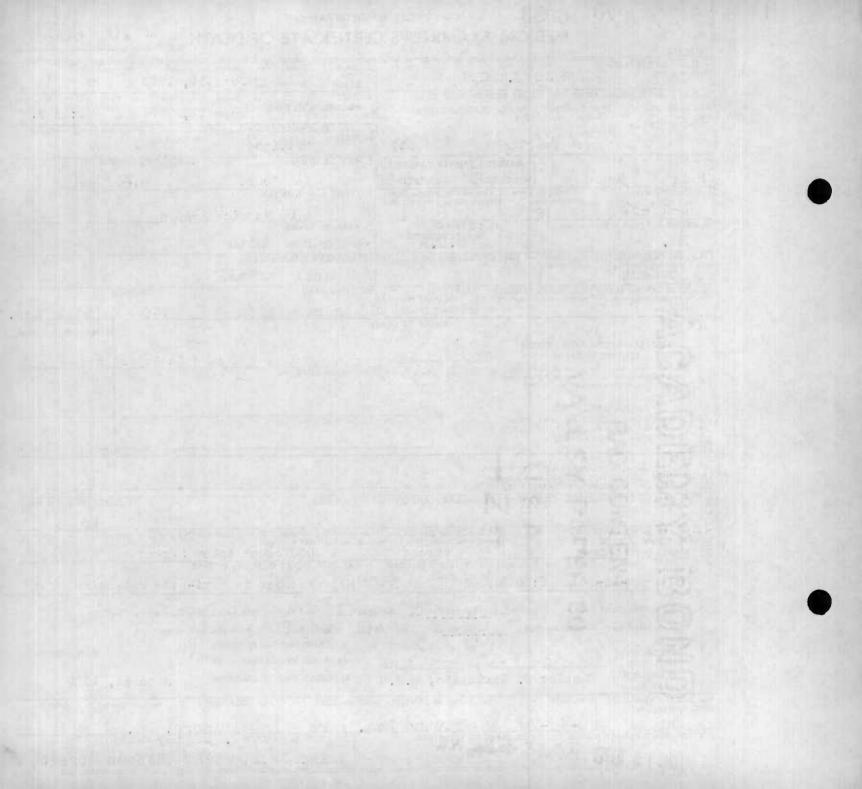
CERTIFICATE OF DEATH REG. NO. 70 6052
2. DATE Known   Month Day Year Hnur OF Estimated
3. DATE Month Day Yeor Haur PRONOUNCED DEAD June 9,1970 6:00 P.
S. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)  A. STATE Maryland  B. COUNTY  2004
Baltimore  D. Inside City Limits?  YES NO
2515 Emerson Street
Manager Theodore Wilson
Rosetta Singletary
Rosetta Coley Wilson same
ause AS A CONSEQUENCE OF:  unt force injuries to chest and a domen AS A CONSEQUENCE OF:
In or obout 22C. WHERE DID (If in Baltimore City, give exact location)  2515 Emerson Street  22F. HOW DID INJURY OCCUR?  WHILE FT. Rottomed a hill
and that on this basis, death in my opinion  Homicide Undetermined manner   CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 6/10/70  OF CREMATORY 24D. LOCATION (City, lown, or county) (Stote)  Cemetery Baltimore, Md.  25C. FUNERAL DIRECTOR Bailey  Kelson F.H. 1348 Calhoun St.



5-53070

6053 MEDICAL	BALTIMORE CI	ITY HEALTH DEPAR		DEATI	┥ <sub>REG. NO.</sub> _	70	605	3
RLEY E. S		2. DATE OF DEATH	Known 🔼	Month	Day	Year	Hour	

1. NAME OF DECEASED			own 🗗	Month	Day	Year	Hour	
(Type or Print) CURLEY E. SMITH		OF DEATH Es	timoted 🗆	June	11, 1970			A4
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	3. DATE		Month	Day	Yeor	Haur	М.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GI HOSPITAL ADDRESS OR LOCATION)	VE STREET	PRONOUNCE	DEAD	June	11, 1970		2:15	P
OR INSTITUTION		5. USUAL RESIDE				residence		rvi.
Lutheran Hospital	(DOA)	A. STATE	ryland		B. COUNTY		151	10
		C. CITY OR TOW			D. INSIDE CI	VIIMITES	1.16	12
MAKKIED LI NE	EX MARKIED						_	
Male Negro WIDOWED	OIVORCED L	E. STREET AND 1	ltimor	e	YE	s 🔁	NO	
(lost hirthdow)   Months + Do	ys Hours Min.							
4-17-52		17	06 War	wick .	Avenue			
11. BIRTHPLACE (State or foreign country)  12. CITIZET WHAT	OF COUNTRY?	13. FATHER'S NA						
TILL.	D.A	Andre						
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINI done during most of warking life, even if retired)	ESS OR INDUSTRY							
Student		Hazel	Mack	all				
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (If yes, give war or doles of service)  SI	OCIAL CURITY NO.	18. INFORMANT			AC	DRESS		
	-60-8438	Andrev	Smit.	h	170	6 Mar	rwick	ATTO
19.	CAUSE OF DEATH	14204	V OIII.	*1	170	A	PPROXIMATE IN	
DISCOUNT OF CONTRACT OF CONTRA						BETY	WEEN ONSET A	ND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Ma	1 + 1 - 1 -					
(This does not mean the made of dying, e.g.,	(A) IMMEDIATE CA	S A CONSEQUENCE		Lrau	matic in	uries	<u> </u>	
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	555,5,5,5,5	7. 001.02.02.10						
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO, OR AS A CONSEQUENCE OF:								
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE 10, OR A	S A CONSEQUENC	E OF:					
UNDERLYING CONDITION LAST.	(c)							
P II								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
TO THE DEATH BOT NOT REERIED TO THE TERMINAL								
DISEASE OR CONDITION GIVEN IN PART 1 (A).								
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH	OPERATION WAS	S PERFORMED				21. AUTO	PSY? (Yes o	r No)
	OPERATION WAS	S PERFORMED				21. AUTO		r No)
	OF INJURY(e.g., in	n or about 22C. W	HERE DID (1	f in Boltimo	re City, give exac		NO	or No)
22A. EXTERNAL CAUSE WAS UNDERLYING AOR CONTRIB-	OF INJURY (e.g., ir factory, street, allice	n or abaut 22C. W bldg., etc.) INJURY	OCCUR?			t lacotion)		or No)
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manih) (Day) (Year) (Hour) 122E.INJ	OF INJURY(e.g., infactory, street, allice	n or abaut 22C, W bldg., etc.) INJURY 200	OCCUR?	k Bak	er Street	t lacotion)		or No)
22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manih) (Day) (Yeor) (Hour) 22E.INJURY	OF INJURY(e.g., infactory, street, allice	n or abaut 22C, W bldg., etc.) INJURY 200	0 bloc	k Bake	er Street	t lacotion)	No 02	r No)
22A. EXTERNAL CAUSE WAS UNDERLYING ACCONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manih) (Day) (Yeor) (Hour) 22E.INJI	OF INJURY(e.g., infactory, street, allice	or about 22C. Whidg., etc.) INJURY 200	0 bloc	k Bake	er Street	t lacotion)	No 02	or No)
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manih) (Day) (Yeor) (Hour) 22E.INJURY (APPROX.) 6-11-70 2:00 Am. WHILE AT WORK	OF INJURY(e.g., infactory, street, allice	or about 22C, While 20C	OCCUR?  0 block  0 wold inj  enger	k Bake URY OCC in ta	er Street um? ki-auto d	t lacotion)	No 02	or No)
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manih) (Day) (Yeor) (Hour) (APPROX.) 6-11-70 2:00 Am. WHILE AT WORK  23.  1 certify that I held an Inquiry Inspec	OF INJURY(e.g., in factory, street, allice street URY OCCURRED NOT WAT WO	or about 22C, While K Pass	occur? 0 block	k Bake URY OCC in tax	er Street UR?  Ki-auto C	collis	No 02	or No)
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manih) (Day) (Yeor) (Hour) 22E.INJURY (APPROX.) 6-11-70 2:00 Am. WHILE AT WORK	OF INJURY(e.g., in factory, street, allice street URY OCCURRED NOT WAT WO	or about 22C, White K Pass	enger:	k Bake URY OCC in tar Is bosis,	er Street UR?  Ki-auto (  death In my (	collis	No 02	or No)
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manih) (Day) (Yeor) (Hour) (APPROX.) 6-11-70 2:00 Am. WHILE AT WORK  23.  1 certify that I held an Inquiry Insperience in the control of the control	OF INJURY(e.g., in factory, street, allice street URY OCCURRED NOT WAT WO	or about 22C, White X Pass  Pass  Homicid  CHIEF	OCCUR?  O bloc  DW DID INJ  enger:  that on the  MEDICAL EX	k Bake URY OCC in tar Is bosis, Indetermi	er Street UR?  Ki-auto c  death In my c  ined manner	collis	No 02	
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manih) (Day) (Yeor) (Hour) (APPROX.) 6-11-70 2:00 Am. WHILE AT WORK  23.  I certify that I held an Inquiry Insperience of the control	OF INJURY(e.g., Ir factory, street, allice street URY OCCURRED NOT WAT WO ection X Auto tt X Sulcide	ville R Pass  ppsy Homicid  CHIEF  ASSISTANT	OCCUR?  O bloc  DW DID INJ  enger:  that on the  MEDICAL EX  MEDICAL EX	k Bake URY OCC in tar Is bosis, Indetermi KAMINER	er Street UR?  Ki-auto c  death In my c  ined manner	collis	No 02 sion	
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manih) (Day) (Yeor) (Hour) (22E.INJ OFINJURY (APPROX.) 6-11-70 2:00 Am. WHILE AT WORK  23.  1 certify that 1 held an Inquiry Insper resulted from: Natural causes Acciden  ACTUAL SIGNATURE EXAMINER'S Charles S. Springa	OF INJURY(e.g., Ir factory, street, allice street URY OCCURRED NOT WAT WO ection X Auto tt X Sulcide	or about 22C, White X Pass  Pass  Homicid  CHIEF	OCCUR?  O bloc  DW DID INJ  enger:  that on the  MEDICAL EX  MEDICAL EX	k Bake URY OCC in tar Is bosis, Indetermi KAMINER	er Street UR?  Ki-auto ( death in my o	collis	No O2 sion	
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Yeor) (Hour) (APPROX.) 6-11-70 2:00 Am. WHILE AT WORK  1 certify that I held an Inquiry Inspection in the control causes Acelden  ACTUAL SIGNATURE EXAMINER'S Charles Se Springal  24A. BURIAL CREMATION, 24B. DATE 24C. NAME	OF INJURY (e.g., in factory, street, allice street  URY OCCURRED  NOT WAT WO  AT WO  AT WO  M.D.  Ate, M.D.	op sy Homicid  ASSOCIATE	OCCUR?  O bloc  DW DID INJ  enger  that on th  U  MEDICAL EX  MEDICAL EX	k Bake URY OCC In tar Is basis, Indetermi (AMINER (AMINER	er Street UR?  Ki-auto C  death In my c ined manner  L  June	collis	No O2 Sion DATE SIGN	NED
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Yeor) (Hour) OF INJURY (APPROX.) 6-11-70 2:00 Am. WHILE AT WORK  23.  I certify that I held an Inquiry Insperience	OF INJURY(e.g., Ir factory, street, allice street URY OCCURRED NOT WAT WO ection X Auto tt X Sulcide	ppsy Homicid CHIEF ASSISTANT ASSOCIATE	occur?  obloci  ow did inj  enger:  that on the  MEDICAL EX  MEDICAL EX  MEDICAL EX	k Bake URY OCC in ta: Is basis, Indetermin (AMINER (AMINER (AMINER	death In my of med manner L	collis	No O2 Sion DATE SIGN	NED
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Yeor) (Hour) OF INJURY (APPROX.) 6-11-70 2:00 Am. WHILE AT WORK  23.  I certify that I held an Inquiry Insperience	OF INJURY (e.g., in foctory, street, allice street  URY OCCURRED  NOT WAT WO  Section X Auto  Auto  Auto  Auto  M.D.  Te, M.D.  Det of CEMETERY of butus Merital Survey  Merit	ppsy Homicid CHIEF ASSISTANT ASSOCIATE CREMATORY DIANAGE TO THE T	OCCUR?  O bloc!  DW DID INJ  enger:  I that on th  C	k Bake URY OCC in ta: Is bosis, Indetermin (AMINER (AMINER (AMINER OCATION	death in my dined manner June  June  (City, town,	collis	No O2 Sion DATE SIGN	NED
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manih) (Day) (Yeor) (Hour) (APPROX.) 6-11-70 2:00 Am. WHILE AT WORK  23.  I certify that I held an Inquiry Insperies Insperi	OF INJURY (e.g., in foctory, street, allice street  URY OCCURRED  NOT WAT WO  Section X Auto  Auto  Auto  Auto  M.D.  Te, M.D.  Det of CEMETERY of butus Merital Survey  Merit	ppsy Homicid CHIEF ASSISTANT ASSOCIATE CREMATORY DIANAGE TO THE T	OCCUR?  O bloc!  DW DID INJ  enger:  I that on th  C	k Bake URY OCC in ta: Is bosis, Indetermin (AMINER (AMINER (AMINER OCATION	death In my of med manner L	collis	No O2 Sion DATE SIGN	NED
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Yeor) (Hour) OF INJURY (APPROX.) 6-11-70 2:00 Am. WHILE AT WORK  23.  I certify that I held an Inquiry Insperience	OF INJURY (e.g., in foctory, street, allice street  URY OCCURRED  NOT WAT WO  Section X Auto  Auto  Auto  Auto  M.D.  Te, M.D.  Det of CEMETERY of butus Merital Survey  Merit	Pass  Pass  Phomicid  CHIEF  ASSISTANT  ASSOCIATE  CREMATORY  Park  Park  Park	occur?  obloci  ow did in  enger  that on the  that on the  MEDICAL EX  MEDICAL EX  MEDICAL EX  AL DIRECTO	k Bake URY OCC In tan Is bosis, Indetermin (AMINER (AMINER (AMINER OCATION	death in my dined manner June  June  (City, town,	collis	No O2 Sion DATE SIGN 1970 ) (Stot	NED

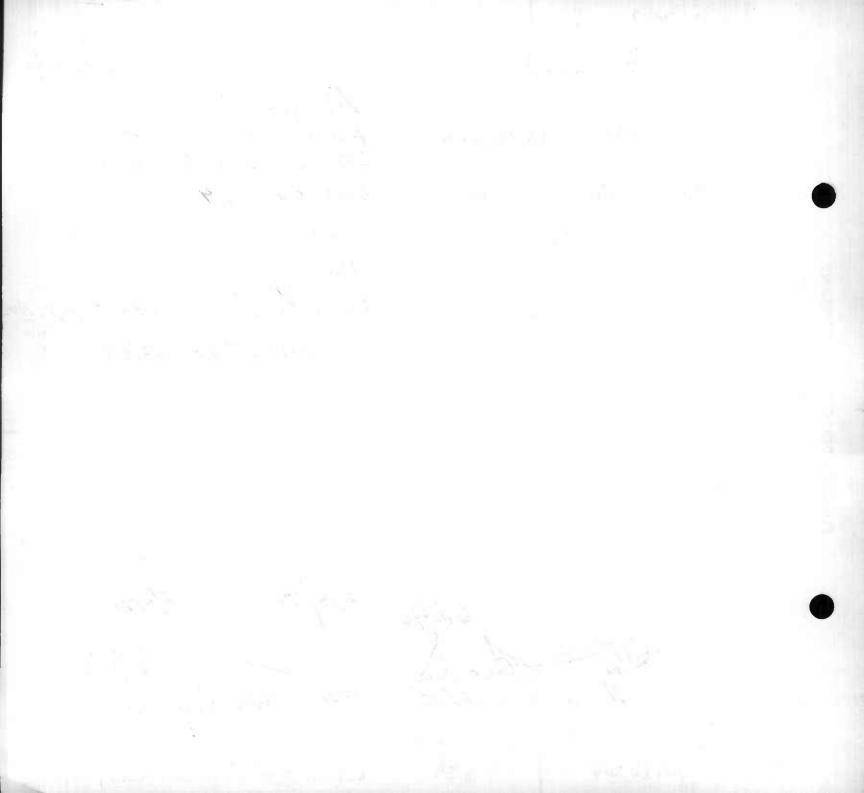


FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

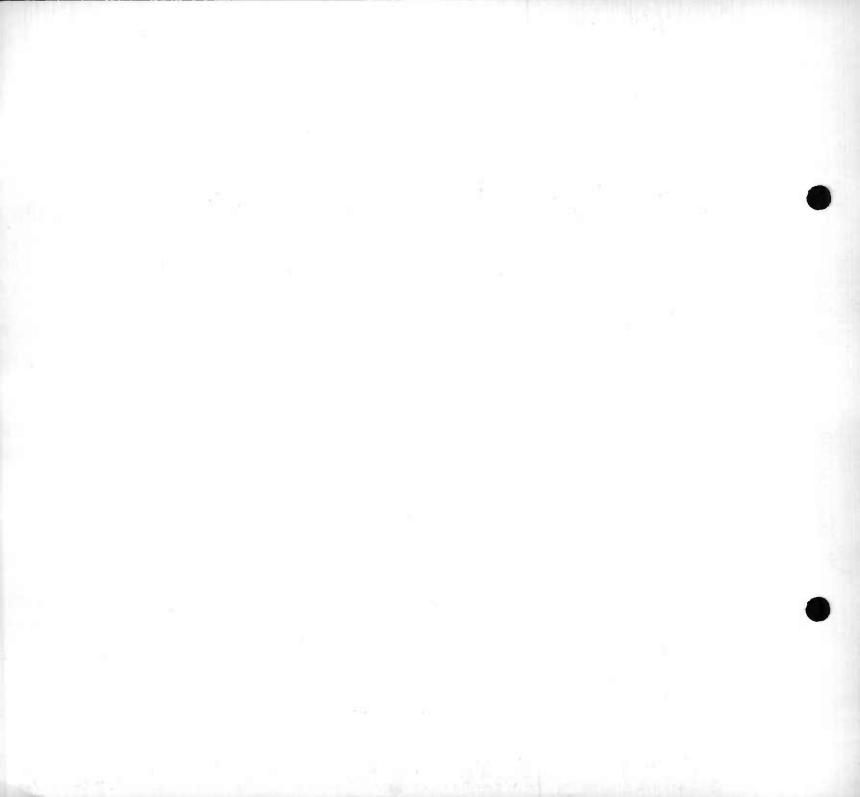


12	D-000 10 6055 C		E OF DEATH	REG. NO	70 6055
1.	NAME OF DECEASED	EKTHIOAT	2. DATE ANI	D HOUR OF DEATH	
	DEL MONG 1. DH.	V	6-11-		1800 AM
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED	DEAD	A. STATE 8. COUNT	deceased lived. It in	stitution: residence before admission
ΠH	ILL NAME OF OSPITAL OR INSTITUTION, COSPITAL O	SVE STREET	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
	in Dranails Nurse	Ng Home	BAltimore	2	YES NO
Z	0		35/6Spri	NADALO	Ave
5.	Married Neuroid Widowed F	ER MARRIED 8.	11-13-00	AGE IIn years	H Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.
10.	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINE	S OR INDUSTRY 11	. BIRTHPLACE ISlate or lareig	n country)	12. CITIZEN OF WHAT COUNTRY
1	LOVERLAND DAIRY		md.		4. S. A.
13.	FATHER'S NAME	14	. MOTHER'S MAIDEN NAM	\E	1 u a n
L			MAMIE		
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,na ar unknown! Ut yes, give wor or dates at service!	IAL URITY NO.	MAL'A A KATIS	ERINE SI	MITH ADDRESS SAME
	18. 2 2 2 1 C/	AUSE OF DEATH	neghear neco	45.7011	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		10		SETWERN ONSET AND DEATH
	LEADING TO DEATH	A)IMMEDIATE CAUSE		IHRON	4 BUSIS
	IThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,	DUE TO, OR AS A C	ONSEQUENCE OF:		
	injury or complication which caused death.)  ANTECEDENT CAUSES				
		B)	CONSEQUENCE OF:	*********************	
	in the court course the stating the	DOE 10, OR A3 A	CONSEGUENCE OF:		
	UNDERLYING CONDITION lost. (C	:)			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
S	DISEASE OR CONDITION GIVEN IN PART 1 (A).  199A-DATE OF OPERATION 1998, CONDITION FOR WHICH C	PERATION	20A. AUTOPSY? (Yes at No)	208, IF YES, WERE F	INDINGS CONSIDERED
CERTIFIC	WAS PERFORMED		10	IN CERTIFYING CAU	ISES OF DEATH?
EDICAL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE Contributing CAUSE OF DEATH Inolify medical examined 21B. PLACE Comme, form, etc.l	OF INJURY (e.g., in o loctory, street, allica	obout 21C. WHERE DID	(II In Boltimore	City, give exact location)
EDI	21 D. TIME (Month! 1Day! (Year! (Hour! 21 E. INJURY		21F. HOW DID INJU	RY OCCUR?	
Z	IAPPROXI Work	Not While	7   , ,		
	22. I certify that (I) (this hospital) attended the dece		2/13/70 15		5/1/7/ 10
	that (I) (we) last saw the deceased alive an			***************************************	alan death accurred on the date
	and haur and from the causes stated above. (1) (We) (c			intuity (dor) abin	san death accurred on the date
	23A. SIGNATURE		with body diret death.		23B. DATE SIGNED
	Lesly Carlo	Attendi	ng Med.	EH	6/4/70
	23C.PHYSICIAN'S NAME (Type)	- FEGURET	ADDRESS 1801	ley Eury	11.
24/	BURIAL CREMATION, 248, DATE 24C, NAME of C	DEGREE EMETERY OF CREMA	ATORY 24D. LO		( Journ of severally) (Said
	But a 6-15-70 Mt.	Weleur	Can 6	Bret	(State)
25/	JUN 1 5 1970 Table & Name of REGIST		25C. FUNERAL DIRECTOR (		ADDRESS HALLO ST
VS	150-REV. 1/1/68		The Court of the C	1010 017	C/104/101°



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

14	1 -1121 70 6056	BALTIMORE CITY	HEALTH DEPARTMENT		
IIV	O 4 5 4 10 DOOR	,	TE OF DEATH	REG. NO.	70 6056
1,1	NAME OF DECEASED			D'HOUR OF DEATH	0000
	pe or Printl WILLIE WAL	THALL	(0)	19/20	1000
3.	PLACE IN BALTIMORE, MARYLAND, WHERE P	RONGUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If insti	tution; residence before admission)
EU	LL NAME OF (IF NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	Mid Bal	+	15.01
IN	STITUTION ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE	CITY LIMITS?
12	juniv. ma;		E. STREET AND NUMBER	١ ١	ES NO
X	BALT, mg.		1477 SC	t001 St	/
5. :	MAN A MAN	RIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9	AGE (in years ast birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
10A	USUAL OCCUPATION (Give kind al work 108, KIN  during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLA/CE (State or foreig	n country!	12. CITIZEN OF WHAT COUNTRY
1	TANTION	OSPITAL	Md.		USA
1.5.	FATHER'S NAME	141 11	14. MOTHER'S MAIDEN NAM	E /	,
15.	Was Deserved Fund in U.S. Amed Front	Ihall	Eyla	HamleT	
(Ye	Was Deceased Ever in U. S. Armed Farces? s,na ar unknown! (If yes, give war ar dates of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	(4 -11 4) )	ADDRESS
-	No	212-16-7189	ES510 W	ALTHALL	SAME
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		111	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	4.4.114.177.1477	Myretonia	1 11/5/01	100 0 1 1
	(This does not mean the made of dying, heart failure, osthenia, etc. It means the dis	e.g., DUE TO, OR AS A		E IN FARCIT	on Tarys
	injury or complication which caused death.)				/
	ANTECEDENT CAUSES	(B)	***********************************		
	DISEASES OR CONDITIONS, if ony, grise to the above cause (A) staling UNDERLYING CONDITION last.	me .	A CONSEQUENCE OF:		
	II	(c)			
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING			
CAT	TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).				*******
E	19A-DATE OF OPERATION 19B CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes ar Na)	20 B. IF YES, WERE FINING CAUSE	DINGS CONSIDERED S OF DEATH?
1	21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B. PLACE OF INJURY le.g., in hame, form, factory, street, affi	or about 21 C. WHERE DID	(If In Baltimare C	ity, give exact location)
ED	21D.TIME (Month) (Day) (Year) [Haur) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
1 2 1	IAPPROXJ	While At Not While At Work			1.
	22. I certify that (I) (this haspital) attend		6/8 19	20 to 61	90 190
	that (I) (we) lost saw the deceased olive		100	/	n death occurred on the date
	and hour and from the causes stated above	e. (1) (We) (dld) (dld nat) v!	ew the body after death.		
	23A. SIGNATURE	4.0			B. DATE SIGNED
	23 Chrysician's Nagre (Type)	DEGREE Phys.	ding Med. Si Director Ph 3D. ADDRESS	off year	6/9/10
	HOWARD WALL	ACH, MID DEGREE	UNIV- 1	and Hosp	RALT
24A	BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY OF CREA	MATORY 24D. LOC		own, ar county) (State)
25A	DATE REC'D BY HEALTH DEPT. 258, NA	ME OF REGISTRAR	1/25C FUNERAL DISCORDA	Salto 1	ha.
.11	IN 1 5 1970 Robert E. Jak	-	KOSO AL F.	U. BAILEY	ADDRESS ST
VS 1	50-REV. 1/1/68		11 (17	- 1 948.	a round



T 15	5 70	BALTIMORE CIT	Y HEALTH DEPARTMENT	70 005
BIRTH NO.		6057 CERTIFICA	ATE OF DEATH REG. NO.	70 6007
1. NAME OF DE (Type or Print)	Many	Tubman	2 DATE AND HOUR OF DEA	TH OSTAGE
3. PLACE IN BA	ALTIMORE MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, I	f institution residence before admission)
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPI	TAL OR INSTITUTION, GIVE STREET	MD.	603
INSTITUTION	ADDRESS OR LOC	(ATION)	C. CITY OR TOWN BALTIMORE	NSIDE CITY LIMITS?
THE J	OHNS HOPKIN	S HOSPITAL	E. STREET AND NUMBER	YES XX NO
		to the	2115 E. FAYETTE ST.	
5. SEX	6. RACE	7- MARRIED NEVER MARRIED	8. DATE OF BIRTH 19. AGE (In vents	Il Under 1 Yr., Il Under 24 Hrs.
FEMALE	NEGROId	WIDOWED DIVORCED	1 05/18/13   last birthday  57	Manths Doys Hours Min.
done during most of	CUPATION (Give kind of wor of working life, even if retired)	108 KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNTRY
		184	Va	II S A
3. FATHER'S NA	AME		14. MOTHER'S MAIDEN NAME	
	T BROWN		IDA ASHTON	
es, no or unknow	d Ever in U. S. Armed Fo	es al service) 1 6. SOCIAL SECURITY NO.	17- INFORMANT	ADDRESS
no			Charles Tubmand	1132 Homewood Av
rise la II UNDERLYIN	OR CONDITIONS, if the above cause (A) IG CONDITION last.  II FICANT CONDITIONS CO TH BUT NOT RELATED TO T	NTRIBUTING	S A CONSEQUENCE OF:	
C IDISEASE OR	CONDITION GIVEN IN PAR	RT 1 (A).	20A. AUTOPSY? (Yes or No) 20B, IF YES, WER	E FINDINGS CONSIDERED
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF	218. PLACE OF INJURY (e.g., hame, farm, factory, street, a	in or obout 21 C, WHERE DID (If to Rolling	nore City, give exact location)
21 D. TIME	(Month) (Doy) (Year)	(Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)		While At Noi While Work At Work		
22. I certify	y that (1) (this hospital	) attended the deceased from	6/10 19 70 to 6	1/2 1970
	) last saw the decease			plaian death accurred an the date
and have an	d fram the causes stat	ted abave. (1) (16) (did) (did cot)	view the bady after death.	
23A. SIGNATI	Wei h	0 440		23B, DATE SIGNED
23 C. PHYSICI,	REIN SA		23D. ADDRESS	10/14/76
4A. BURIAL CRI	MATION, 248, DATE	24C. NAME of CEMETERY OF CR	THE JOHNS HOPKINS HOSE	
REMOVAL	(Specify)			City, town, or county) (Stole)
Burial	6-17-7	O Tubman Cemete		rgina
JUNIE	1970 Pober &		1 20220	y ADDRESS alhoun Street
S 150-REV. 1/1/			11010011 ( .IF. 1)40 (	arnodii peleer

Truly in some Wille street Andrew with the same to be a second a will be to be All I was been a Now toward with

	nd the the
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FUNERAL DIRECTOR: IMPORTANT	and
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K	La Company
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A	bed by
W	pproved by the chief medical examinate hospital by a medical examinany nature; (2) Body burns; (3) A from (except where the physician who; and (6) No physician was in regresobtained before the remains are expensions.
Z	ch the Bo
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	de de de
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	Ms: Ws: D. D.
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	F- 573

	- 211d min	Y HEALTH DEPARTMENT 70 6058
	3000	ATE OF DEATH REG. NO.
	PE OF PRINT	2. DATE AND HOUR OF DEATH
2	James Butter	6-8-70
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admissing A. STATE  B. COUNTY
FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. 1206
IN	OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
,	808 ST. David St.	Balto. YES NO
6	601	E. STREET AND NUMBER
-	Marsing Some	113 W. 22 hd ST.
	Male Negroid WIDOWED DIVORCED A	8. DATE OF BIRTH 9. AGE (In years if Under 1 Yr. II Under 24   Months Doys Hours Min
don	. USUAL OCCUPATION (Gir) kind of work 10B, KIND OF BUSINESS OR INDUSTRY  e during most of working life, even if retired)	Y 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUN
B	boot Black	Md. U.S.A.
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
5.	Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL	17. INFORMANT ADDRESS
Ye:	s, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	ADDRESS
	NO 217-07-7209	Mildred Ford - 2416 Tresbury
	18. 4/2, 41 CAUSE OF DEAT	APPROXIMATE INTERVI
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Lis Resugat & 1.
	This does not man the made of duine (A) IMMEDIATE CAN	
	heart loiture, osthenia, etc. !! means the disease.	A CONSEQUENCE OF:
	injury or complication which caused death.)	(1) $0$ $0$ $0$
	ANTECEDENT CAUSES	Fulmmany & 1 ) Nons
	DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS rise lo lhe above cause (A) stating the	S A CONSEQUENCE OF:
	UNDERLYING CONDITION last. (C)	under tec Colo
_	11 .	
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	marko /
SAT	DISEASE OR CONDITION GIVEN IN PART 1 (A).	
TIFICATIO	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
20	2) A ACCIDENT WAS HAIDED VINCED	
-	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., loor CONTRIBUTING CAUSE OF home, form, foctory, street, of	fice bidg, INJURY OCCUR?
CAL	DEATH (notify medical examiner) etc.)	
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
<	(APPROX.) While At Not While At Work At Work	
	22. I certify that (I) (this hospital) ottended the deceased from	100 Anne 5 10
	that (i) (we) last sow the deceased alive on	19 0 to 19 19 19 19 19 19 19 19 19 19 19 19 19
- 1		And the fact of th
	and hour and from the couses stated above. (I) (1) (did not) v	
		anding Med. Stoff
	DEGREE Phys	s. LT Director LI Phys. L.
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
	Willow D Hoplefeld DEGREE	6615 Recoterson Rd
24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	EMATORY 24D. LOCATION (City, town, or county) (Stotel
	Burial 6/13/70 Mt. Auburn Ce	em. Baltimore, Maryland
	DATE PET OF AV MEALTH DEPT - SOME NAME OF PROPERTY	25C. FUNERAL DIRECTOR ADDRESS
	1111 1 5 1970 Robert E. Jasken 123	TI 3
	50-REV. 1/1/68	Reison F.H. 1348 N. Calhbun St.

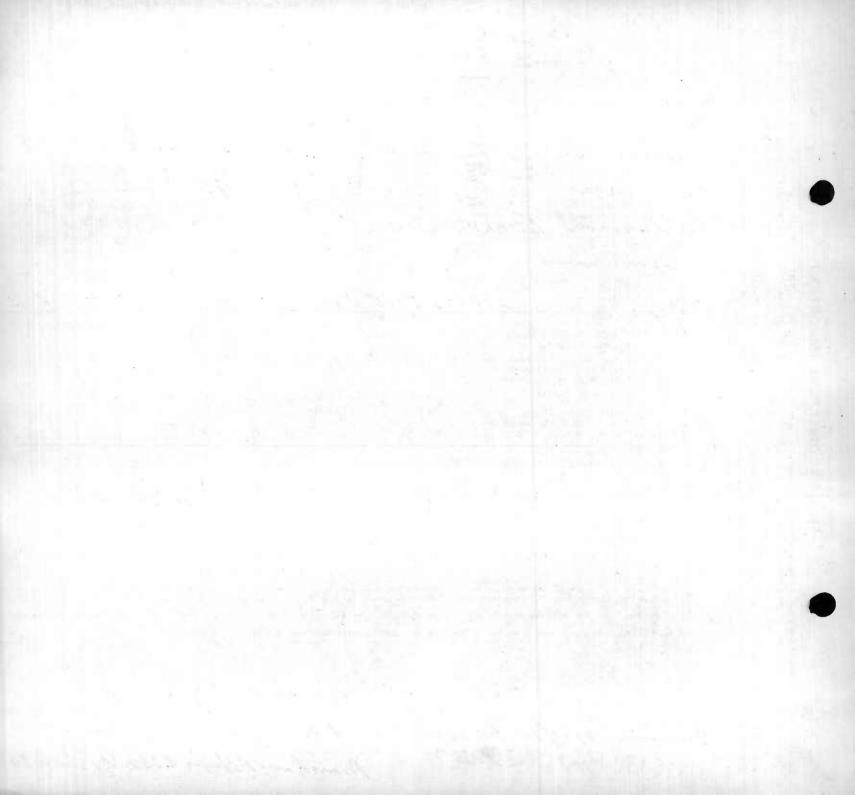


F-655 70 6059 BALTIMORE	CITY HEALTH DEPARTMENT
BIRTH NO.	CATE OF DEATH REG. NO.
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
JARMan Evelyn 151	TERMAN) 6-11:70 1925 \$ M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE  B. COUNTY  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland 2505
INSTITUTION LIEW NWS ing Home	C. CITY OR TOWN D. INSIDE CITY LIMITS?
The box	E STREET AND ANNUACE
Baltimore - 1213 Light It	E. STREET AND NUMBER 4028 Rennington Are 21226
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE fin years If Under 1 Yr., If Under 24 Hrs., Manths; Doys Hours; Min.
Temale White WIDOWED DIVORCED	Beer 12 1887 Th
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU-	STRY IT. BIRTHPLACE (Stole at foreign country) 12. CITIZEN OF WHAT COUNTRY?
Risolad-	algandra, 199. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Patrick & won	Zmana Elist
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar dates of service)  16. SOCIAL SECURITY NO.	17- INFORMANT ADDRESS
/14	60 MM. Effel M. Jones PASTan to Do.
( 18. // LLO 9   CAUSE OF D	EATH JAPPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY (TEMPS	RETWEEN ONSET AND DEATH
(A)IMMEDIATE	CAUSE COURS COURS IS Several trace
heast laiture, asthenia, etc. It means the disease, injury or camplication which caused death.	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES	
	AS A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last.	· · · · · · · · · · · · · · · · · · ·
ONDERLING CONDITION last. (C)	***************************************
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION WAS PERFORMED  U 21A-ACCIDENT WAS UNDERLYING   121B-PLACE OF INJURY (A)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e home, form, foctory, stree etc.)	g., in ar about 21C. WHERE DID (If in Baltimore City, give exact location) t, affice bldg., INJURY OCCUR?
21D-TIME (Month) (Dayl (Year) (Hour) 21E INJURY OCCURRED	
1 2 101 11/30K1	21F. HOW DID INJURY OCCUR?
Work L At W	ork L
22. 1 certify that (1) (this hospital) attended the deceased fram	12.5 1969 to 6.11 19.20
that (I) (we) last saw the deceased alive an 6.11.	19 Z0 and that In(my) (aur) apinian death accurred on the date
and haur and from the causes stated abave. (I) (We) (did) (did no	
8 //n H T 1 40	Attending Med. Staff
23C. PHYSICIAM'S DEGREE	Attending Med. Stoff Phys. 6 12 7 0
NAME (Type)	3 42 1 Manuala 1 Ano B. D. AM
24A. BURIAL CREMATION, 24B. DATE MON 24C, NAME of CEMETERY OF	
11 17 17 17 17 17 17 17 17 17 17 17 17 1	
	CUPTIS F FVANS
125A. DATE REC'D BY HEATH DEPT. C. 7258 NAME DE REGISTRAR	250 FUNERAL DIRECTOR UTILITY OF SCHOOLS ST 2/230 ha
VS 150-REV. 1/1/68	Comment



FUNERAL DIRECTOR: IMPORTANT

^^	BALTIMORE CITY	HEALTH DEPARTMENT		0 6000
17-600 70 6060	CERTIFICA	TE OF DEATH	REG. NO.	
(Type or Print)	loome	2. DATE AND	HOUR OF DEATH	70 225P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN		A. STATE B. COUNTY	doceosed lived. If insti	itution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	ON, GIVE STREET	C. CITY OR TOWN		E CITY LIMITS? YES NO NO
LUPHERAN HOSP. 2 MJ		E. STREET AND NUMBER		
				If Under 1 Yr., If Under 24 Hrs.
M NEGRE WIDOWED	DIVORCED	3/10/97 10	st binthday	Months Doys Hours Min.
done during most of working life, even if retirod)	HEM Steek	11. BIRTHPLACE (State or foreign	- /	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Nmen		um Lum		
15. Was Decoased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give war or dotos of service)	SECURITY NO.	17. INFORMANT		ADDRESS
	.09-5465	K/13 ABETH M	1000 253	250mondson
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	SE		
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	DUE TO, OR AS	A CONSEQUENCE OF:		
ANTECEDENT CAUSES	Motasti	ACONSEQUENCE OF	sumacle	inches
DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	A N	vdef
rise to the obove couse (A) stoling the UNDERLYING CONDITION last.	(c) adera	careinon of	Prostate	
_ II a second				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	ICH OPERATION	20A. AUTOPSY? (Yos or No)	208 IE VEC WERE EII	NDINGS CONSIDERED
WAS PERFORMED  218. ACCIDENT WAS UNDERLYING 218. PL	ICH OFEKATION	204. AUTOPS17 (105 0) (10)	IN CERTIFYING CAUS	SES OF DEATH?
OR CONTRIBUTING CAUSE OF home,	ACE OF INJURY (o.g., in form, foctory, street, of	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exect location)
	JURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?	
₹ (A PRROY)				
Work	At Wark		70 to 6	-12 1970
22. I certify that (I) (this hospital) attended the that (I) (we) last saw the deceased alive an	6-9-	- 1		ion death accurred on the date
and how and from the causes stated above. (1) (	We) (خط) (did not) v	iew the bady ofter death.		
23A. SIGNATURE	•			23B. DATE SIGNED
Alexan alluer	DEGREE Phys	nding Mod. S birector Pl	taff hys.	6-15-70
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	177 11	Nop
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	DEGREE OF CEMETERY OF CRE	MATORY 24D. LOC	CATION (City	, town, or county) (State)
Bund 6/19/70 Ans	SUTUS ME	m. PK B	DETO M	> 21227
25A. DATE REC'D BY HEALTH DEPT & TO BE TAME A	EGISTRAR	Marshaup	Honges 63.	SA GIZM N SA
VS 150-REV. 1/1/6B		6 1 1 5		



,50		Y-HEALTH DEPARTMENT
sed the che	DIKITI NO.	ATE OF DEATH REG. NO. 70 6061
0 0 0	(Type or Print)	2. DATE AND HOUR OF DEATH
f d on h.	EDGAR BROWN	06-12-70   5:30 AM
of of other	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institutions residence before admission) A. STATE B. COUNTY
de de de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	MARYLAND 703
n 0 0 c 0	ΙΝΣΠΙΤΙΟΝ	h style
	THE JOHNS HOPKINS HOSPITAL	BALTIMORE YES X NO
ed in ting d cat	BALTIMORE, MD 21205	
ibut ned ned p	5. SEX   6. RACE   7. MARRIED   VI MENCE MARRIED	8. DATE OF BIRTH 9. AGE (In years   If Under 1 Ye.   Il Under 24 His.
occur occur ontrib ermin regule	WAKKIED MEASK WAKKIED	lost birthday) Manths! Days Hauss Min.
OFFORN	MALE NEGRO WIDOWED DIVORCED	04-09-97 73
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRE done during most of working life, even if retired)	
LT  nt if death direct or c ; (4) Undet th was in in the dec	13. FATHER'S NAME	St. Thomas Virgin-15.
# (4) the if	The state of 180/112	14. MOTHER'S MAIDEN NAME
Lis Lis	EGGAR BROWN	SUSANN
	15. Wes Deceosed Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wor or dotes of service)  SECURITY NO.	17. INFORMANT ADDRESS
RTA RSSista the the kind dea	213-09-0836	
Trans trans	18. / CAUSE OF DEA	TM ADDOMINATE NATIONAL
or if any	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A ₹0+ 2+ 2+ 2+ 2+ 2+ 2+ 2+ 2+ 2+ 2+ 2+ 2+ 2+	LEADING TO DEATH	Kamara Mariana Dhi a mante
Tro do Sa E	(This does not mean the mode of dying, e.g., (A) IMMEDIATE CA	A CONSEQUENCE OF:
Barorie Bal	heart failure, osthenia, etc. It means the disease, injury or complication which coused death.)	A CONSEQUENCE OF:
RELEASED RECTOR: NERTS OF examiner. 3) A fractur n who pro n regular are embal		The Delaters II
A fried	ANTECEDENT CAUSES	Alver Herasras
MAN X X X	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:
M N N N N N N N N N N N N N N N N N N N	UNDERLYING CONDITION last. (C)	
AL DIR EXAMI medical medical burns; (3 hysician m was ii		
A X S S S S S S S S S S S S S S S S S S	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
	U 194 DATE OF OPERATION 1108 COMPITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
by a 2) Bod the the the the the	WAS PERFORMED    Value   Value	NO IN CERTIFYING CAUSES OF DEATH?
FU MEDI (1 the cl tal by e; (2) B here the	OR CONTRIBUTING CALLER OF	in or obout 21C. WHERE DID (II in Boltimare City, give exact location)
N T B e o e	DEATH (notify medical examine)	nuce pigg IMJOKS OCCORS
	21D-TIME (Month) (Doyl (Yeor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
7770 22 0 9	OF INJURY	
o h	Work LJ At Work	
provent the hound in y national (exception and (obtain)	22. I certify that (1) (this hospital) attended the deceased from	MAY 1970 to JUNE 1970
ш о о	that (1) (we) lost sow the deceased alive on.	19 70 and that In(my) (our) apinion death occurred an the date
0 0 0 5 -	and hour and from the couses stated above. (1) (We) (did) (did not)	
	23A. SIGNATURE	23B, DATE SIGNEO
	and the state of t	
S Fe o a t a	23C. PHYSICIANS	
icate was r An a L at o	23C.PHYSICIAN'S NAME Typel	23D. ADDRESS
THE iffica y was (1) Ar d pri	JOHN J. MANN M.D. DEGREE	THE JOHNS HOPKINS HOSPITAL
- #>E000	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (City, towy, or county) (Stotel
certificate body was ws: (1) An abased price ten appro	Bury 6/16/70 Carrer M	en. Ph Lawrel Mo
	25A. DATE REC'D BY HEALTH DEPL. JAB. NAME OF GISTAR	
This the I show was dece	CUN 1 5 1970 HE NAME OF SCIENCE M.D.	Ozer Director 13041 Contra
	VS 150-REV. 1/1/68	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )

BALTIMORE CITY-HEALTH DEPARTMENT



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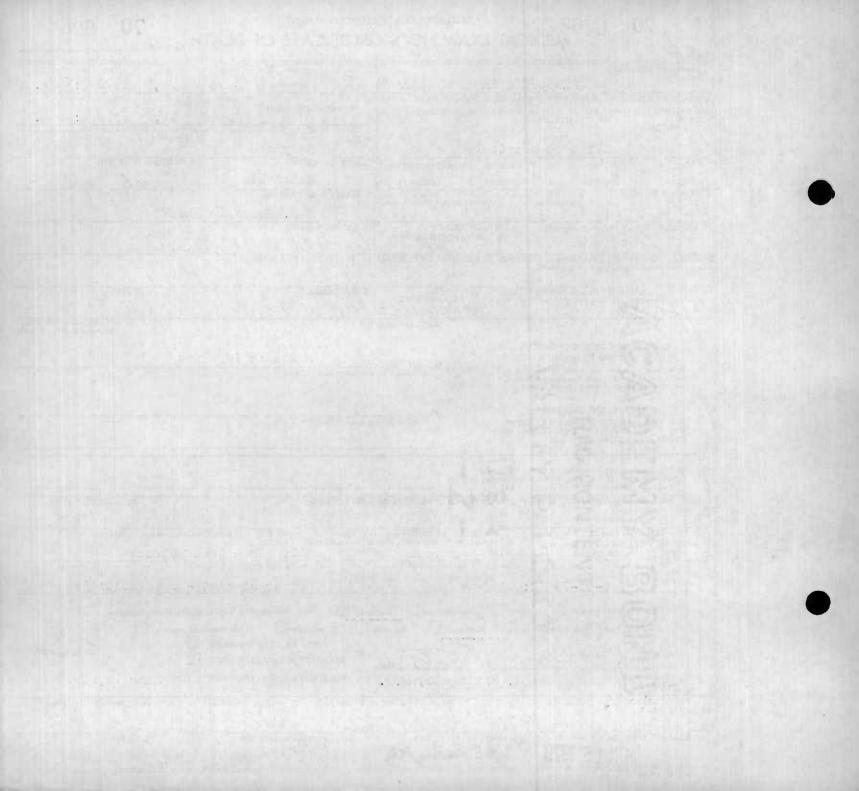
BALTIMORE CITY HEALTH DEPARTMENT

70 6062

	M	EDICAL	EXAMINER'S	CERTIF	ICATE OF	DEAT	H REG. NO.	70	900c
BIRTH NO.									
I. NAME OF DEC	CEASED			2. DATE OF	Known 🖾	Month	Doy	Year	Hour
			TRUXTON JACKSO	N DEATH	Estimoted	June	11,	1970	2:30 A.
4. PLACE IN BAL	TIMORE, MARYLANI	D, WHERE PR	ONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HO	SPITAL OR INST OCATION)	ITUTION, GIVE STREET		DUNCED DEAD	June	11,	1970	
4/				A. STATE	RESIDENCE (Where	e deceased in	B. COUNTY	i: residence	perore damission)
16	Luthera				Maryland			· sho	006
6. SEX	7. RACE	8. MARR	ED NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE CI	TY LIMITS?	
Male	Negro	WIDOW			Baltimor	e	YI	ES 🚫	NO 🗆
9. DATE OF BIRTI	H   10. AG	E (In years thdoy)	if Under 1 Yr. If Under 24 Hr Months   Days   Hours   Mi	s. E. STREET	AND NUMBER				
11-9-19	201	43			8 S. Ros	edale	Street		
II, BIRTHPLACE (S	State or foreign countr	ry)	12. CITIZEN OF	13. FATHE	R'S NAME	no k	o m	1 -	
14A.USUAL OCCU	PATION (Give kind of v	work 14B, KIND	OF BUSINESS OR INDUST	RY MOTH	ER'S MAIDEN NA	ME O	1 WO P		
done during most of w	vorking life, even il retir	red)		1/10	amis	90	1711	1	
	ED EVER IN U.S. AR			18. INFOR	RMANT	eyr. V	. Al	DDRESS /	1 1/1/1
(Yes, no or unknown)	(If yes bive wor or de	oles of service)	1410111	2 1/1/1	intal	MOR	11101	2017	7. 111/1.
19.	1000000		CAUSE OF DE	ATH	wany	ICK (C)	mer	1000	PPROXIMATE INTERVAL
ESI	( 1		0,000 0, 0					BETV	WEEN ONSET AND DEA
	E OR CONDITION D LEADING TO DEATH		(a)immediati	CALISE	Multiple	injur	ies		
(This does n	ot mean the mode o	dylng, e.g.,		AS A CONSE		<u>-</u>			
injury or con	nplication which coused	d de oth.)							
1A	NIECEDENT CAUSES	s	(B)						
DISEASES O	OR CONDITIONS, IF	ANY, GIVING	DUE TO, O	R AS A CONS	EQUENCE OF:				
UNDERLYIN	NG CONDITION LA	ST.	(c)						
Ó			(C)						
O THE DEA	II HFICANI CONDITION ATH BUT NOT RELATED CONDITION GIVEN I	TO THE TERM							
20 A. DATE OF			OR WHICH OPERATION	WAS PERFOR	MED			21. AUTO	PSY? (Yes or No)
0									Yes
	NAL CAUSE WAS		228. PLACE OF INJURY (e.	, in or obout	22C. WHERE DID	(If in Boltimo	re City, give exo	ct locotion)	1110
	USE OF DEATH.		home, form, foctory, street, of Street	ice biag., etc.)	2000 blc	ck Bak	er Stre	et /	20%
≥ 22D. TIME		(Year) (Hour		of st	22F. HOW DID IN				
OF INJURY (APPROX.)	6 11 70	0.004	WHILE AT X NO	T WHILE	D			111	
23.	6-11-70	2:00A	m. WORK LXJ AT	WORK	Driver c	r taxi	- auto	COLLI	sion
	Ify that I held an	Inquiry [	Inspection A	utepsy 🔀	and that an t	his basis,	death in my	apinian	
result	ted fram: Natural	couses			lomicIde 🗌	Undetermi	ned manner	7	
	001		1)		CHIEF MEDICAL				
ACTUAL		80.0	tade m	.D. ASS	SISTANT MEDICAL		豆		DATE SIGNED
EXAMIN NAME (T	ER'S Char	les S.	Springate, M.D		OCIATE MEDICAL E	XAMINER	□ Jui	ne 11,	1970
24A. BURIAL CREA	MATION, 24B, DAT	TE	24C. NAME of CEMETER	Y ar CREMAT	ORY ZAD.	LOCATION	(City, lown	, or county	) (Stote)/
REMOVAL (Specia		4-1970	Mari	M	n	10 K.	end	16	mal.
25A. DATE REC'D	BY HEALTH DEPT.		AME OF REGISTRAR	25C.	FUNERAL DIRECTO	OR	A	DORESS	m/1
	11 IN 1 5 TUT	11/1/2	R.F. Jailen M.D.	111	111/1/10.	20120	000111	MAA	210,1111

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VS 151-REV. 1/1/68





FUNERAL DIRECTOR: IMPORTANT

1/ 51/ 40 0004	BALTIMORE CITY	HEALTH DEPARTMENT		770	0 - 0 4
81RTH NO. 70 6064	CERTIFICA	TE OF DEATH	REG. NO.	70	6064
I. NAME OF DECEASO			HOUR OF DEATH	. 2	25 0
3. PLACE IN BALTIMORE, MAI JUD, WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where	270 deceased lived, il instit	ulion: residen	30 A M.
		A. STATE- TIME B. COUNT	y wallo.	-11-	01 100
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	THON, GIVE STREET	C. CITY OR TOWN	D. INSIDE	CITY LIMITS	80180
1 1 1 00	-67	[ Contonsinal	1 1	ES 🗌	NO
38000100 KSITY A	osP	E. STREET AND NUMBER			
5. SEX   6. RACE   7. MARRIED	V	DATE OF BIRTH 19	AGE (in years	1 11 1 1 V	<b>""</b>
F CO WIDOWED	NEVER MARRIED DIVORCED		ost birthday	Under 1 Yo lonths Days	Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 108, KIND OF		11. BIRTHPLACE (State or foreig	n country)	2. CITIZEN	DE WHAT COUNTRY?
done during most of working life, even if retired)	24.0	2/march. C	2.1.0	1	1.20.
13. FATHER'S NAME	rce	14. MOTHER'S MAIDEN NAM	IE TO		C 23.00
Harris + Pototi.	land,	190000	has la	0井	
15. Was Deceased Eyer in U. S. Armed Ferces? (Yes, no or unknown) (If yes, give war or dates of service)	1 6. SOCIAL	17. INFORMANT	Jour I's	ADD	RESS
	306-18-5695	11. Hach	· Tulo 51	+	
18.4444	CAUSE OF DEATH	D NOSA	ar new Jh		ROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Gran	& soutoner ?	wind	BETWE	EN ONSET AND DEATH
LEADING TO DEATH  1 This does not mean the made of dying, e.g.,	(A) IMMEDIATE CAU		alest		
hearl failure, asthenio, etc. Il means the disease, injury ar camplication which caused death.)	DUE 10, OK AS A	CONSEQUENCE OF:		- 1	1
ANTECEDENT CAUSES		Seritor to			726
DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS	CONSEQUENCE OF:			
rise to the above cause (A) slating the UNDERLYING CONDITION last.	in her do	atod ileum	etiol ?		72 hs.
	D) A. O.	- man Atti	ten Thomas	-440	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Rend	The Cas hoos	o Les, O Gram	Postoe	77/
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPPRATION 198. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING!	December 1	1204	<del></del>		1007
WAS PERFORMED	ted rowel.	20A. AUTOASY? (Yes or No)	208, IF YES, WERE FINE	S OF DEAT	SIDERED 1?
	PLACE OF INJURY (e.g., in	at about 2 C. WHERE DID	(If In Ballimare C	ity, give exac	l location)
DEATH Inotify medical examiner	, tarm, loctory, street, off	ce bldg. INJURY OCCUR?			
	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
(APPROX.) While Work	e At Not While		, 1	1	
22. I certify that (1) (this hospital) attended th	e deceased from	10 0 19	tg(Q	2/10	19
that (1) (was last saw the deceased alive an	6/2/70	19and that	in (my) (aux) apinia	n death ac	
and have and from the causes stated above. (1)	(Me) (did) (didamet) vi		•		
23A. SIGNATURE			19.46	R DATE SIG	NEP
Karl F. Mech, A	DEGREE Phys.	ding Med. S	hys.	6 12	170
23C. PHYSICIAN'S NAME (Type)	2:	D. ADDRESS		9	
KARL F. MECH	M.D DEGREE	UNIV.	HOSAL	BAL	TO. MD
REMOVAL (Specify)	ME of CEMETERY of CREA		-	own, or covi	
	ark		enfield		Indiana
JUN 1 5 1970 Paber E. Jaber M.	/	H.W. Jenkins	& Sons Co.		DORESS Md.
The same of the sa	<b>79</b> 1,			,	

1223 Hollins St. Admitted 4/26/72,

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VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

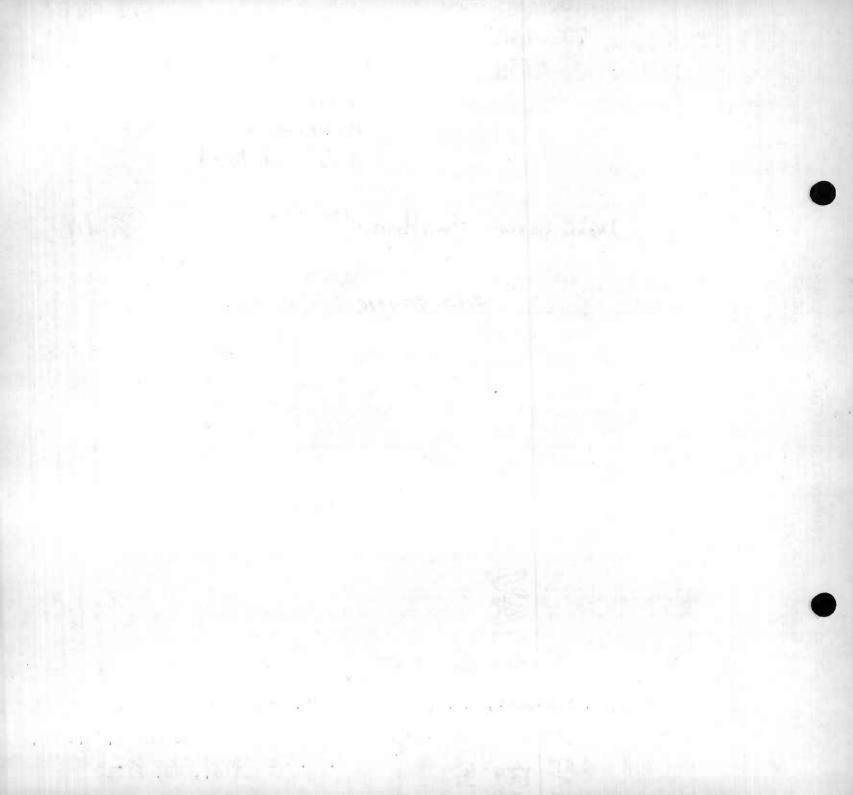
BIRTH NO.			BALTIMORE CITY	HEALTH DEPARTMENT		70
I MANAG OF DEC	70	60	66 CERTIFICA	TE OF DEATH	REG. NO	70 6066
Type or Print)		C2.			AND HOUR OF DEATH	0300
3. PLACE IN BAL	Willie M. TIMORE MARYLAND, WHI	Shar	UNCED DEAD	4. USUAL RESIDENCE (W	bee deceased lived If is	rtitution: peridence/holesa alminio
				A. STATE B. COL	INTY	A PA A C
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITAL ADDRESS OR LOCATI	OR INSTIT	UTION, GIVE STREET	Md.		0170
				C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
115	6 Sherwood A	lve.		Baltimore E. STREET AND NUMBER		YES XX NO
00					2 4	
SEX	6. RACE 17.	MADDIED	C Mercen and a pro-	8. DATE OF BIRTH	rwood Ave.	
II)	7.7	WIDOWED	NEVER MARRIED DIVORCED	7-10-1897	9. AGE (In years last birthdoy)	Months Doys Hours Min.
A. USUAL OCCU	PATION (Give kind of work 10			11. BIRTHPLACE (Slote or fo	72	12. CITIZEN OF WHAT COUNTR
one during most of v	vorking life, even il retired)					· ·
Get. Offi 3. FATHER'S NAM	ce Adminis	U.	S. Govt.	Garland, A		USA
PENIDER'S NAM	A.E.			14. MOTHER'S MAIDEN N	AME	
Willi	am G. McCasl	cill .		Coral	Nicholson	
. Was Deceased	Ever in U. S. Armed Ferces lif yes, give wor or doles of	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	, , , ,	J. 3011100		Coopea Tour	a Charr	Same
18. // / =2	82		CAUSE OF DEATH	George Loui	ro Dilam	APPROXIMATE INTERVAL
1 061	E OR CONDITION DIREC	-TI V	1	ien sovert		BETWEEN ONSET AND DEAT
Distrib	LEADING TO DEATH					Lowerchak
(This does no	of mean the mode of dy	ring, e.g.,	DUE TO, OR AS	SE A CONSEQUENCE OF:		***************************************
injury or com	osthenio, etc. It means the plication which caused de	e disease,		cular Istril	1. A =	1./
	NTECEDENT CAUSES		Cure	curan portar	18.1010	egg
	R CONDITIONS, if any	e siulas	(8)	A CONSEQUENCE OF:		<u> </u>
rise to the	abave cause (A) si	aling the		A CONSEQUENCE OF	/ M.	15-300
UNDERLYING	CONDITION last.		(c)Concern	es ilivate	ware	
2						, , , , , , , , , , , , , , , , , , ,
OTHER SIGNIFI	CANT CONDITIONS CONTI BUT NOT RELATED TO THE	TERMINAL				
DISEASE OR CO	OPERATION 198 CONDIT	(A).	WHICH OBERATOR	120 A ALLEG BOYA /V	1-V 200 In 222	
OF STREET	WAS PERFOR	MED OK V	THE OFERALION	20A. AUTOPSY? (Yes or !	IN CERTIFYING CA	USES OF DEATH?
	T WAS UNDERLYING	21B	PLACE OF INJURY (e.g., In	no		
21A. ACCIDEN	Va auneurillan	(4) B	LEVER OL IMPRI (6'0"			
OP CONTRIBUTE	TING CAUSE OF	hom	e, lonn, foctory, street, of	fice bldg., INJURY OCCUR?	(II In Bollimor	e City, give exact location)
OP CONTRIBUTE	medicol exominer	elc.)		fice bldg., INJURY OCCUR?		e City, give exact location)
OR CONTRIBUTE DEATH (notify)	medicol exominei	Houd 21E	INJURY OCCURRED	21F. HOW DID IN		e City, give exoct location)
OP CONTRIBUTE	medicol exominer	Houd 21E	INJURY OCCURRED  Ie At Not While	21F. HOW DID IN		e City, give exact location)
OR CONTRIBUTE DEATH (notify)  21D-TIME OF INJURY (APPROX.)	medical examiner) (Month)   Doy)   Year)	Houd 21E, Whi	INJURY OCCURRED  Not While k At Work	21F. HOW DID IN		Pune 1970
OR CONTRIBUTED DEATH (notify)  21D. TIME OF INJURY (APPROX.)  22. 1 certify to	medical examiner) (Month) (Day) (Year) (I that (I) (this hospital) a	Hour 21 E. Whi World the ded t	INJURY OCCURRED  Not While At Work  The deceased from	21F. HOW DID IN	19 (24 to	June 11 1970
OR CONTRIBUTION DEATH (notify) 21D.TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	medical examiner (Manih) IDay) IYear)     that (1) (this hospital) a lost saw the deceased a	Hour 21E Whi Wor strended the	INJURY OCCURRED  Ile At	21F. HOW DID IN	19 (24 to hat In (my) (44) opto	June 11 1970
OF CONTRIBUTION DEATH (notify) 21D.TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour ond	that (1) (this hospital) a lost saw the deceased of from the causes stated	Hour 21E Whi Wor strended the	INJURY OCCURRED  Ile At	21F. HOW DID IN	19 (24 to hat In (my) (44) opto	Punc / 1970 Non death occurred on the dot
OR CONTRIBUTED DEATH (notify)  21D.TIME OF INJURY (APPROX.)  22. I certify that (i) (we)	that (1) (this hospital) a lost saw the deceased of from the causes stated	Hour 21E Whi Wor strended the	injury occurred le At Not While k At Work ne deceased from	21F. HOW DID IN	JURY OCCUR?	June 11 1970
DEATH (notify  21D-TIME OF INJURY (APPROX.)  22. 1 certify that (I) (we) and hour and 23A. SIGNATUR	that (1) (this hospital) a lost saw the deceased a from the causes stated	Hour 21E Whi Wor strended the	injury occurred  le At  Not While At Work  ne deceased from  (We) (did) (did not) v	21F. HOW DID IN 21F. HOW DID I	19 (24 to hat In (my) (44) opto	Tunc 1970
OR CONTRIBUTED OF INJURY (APPROX.)  22. I certify that (I) (we) and hour and	(Month) (Day) (Year) (I) that (I) (this hospital) a lost saw the deceased of from the causes stated (E)	Hour 21E Whi Wor strended the	injury occurred  le At  Not While At Work  ne deceased from  (We) (did) (did not) v	21F. HOW DID IN 21F. HOW DID I	19 (a to to option opti	Tunc 1970
OR CONTRIBUTED OF INJURY (APPROX.)  22. I certify that (I) (we) and hour and 23A. SIGNATUR  23C. PHYSICIAN	that (1) (this hospital) a lost saw the deceased of from the causes stated (E)	Houd 21E, Whitehold the alive on	injury occurred  le At	21F. HOW DID IN 21F. HOW DID I	JURY OCCUR?	Tunc 1970
DR CONTRIBUTION DEATH (nofity) DR CONTRIBUTION DEATH (nofity) DEATH (no	that (I) (this hospital) a lost saw the deceased of from the causes stated  FS pel A. Allen Sp. 14410N, 1248, DATE	Houd 21E, Whitended the proves (I	injury occurred  le At  Not While At Work  ne deceased from  (We) (did) (did not) v	21F. HOW DID IN 21F. HOW DID I	JURY OCCUR?  19 22 to	Punc 1 1970 Non death occurred on the dot
OR CONTRIBUTION DEATH (nofity) DEATH (nofity) DEATH (nofity) DEATH (nofity) APPROX.)  22. I certify that (I) (we) and hour and 23A. SIGNATUR  23C. PHYSICIAN NAME (Ty) Dr.  4A. BURIAL CREM REMOVAL (S)	that (1) (this hospital) a lost saw the deceased of from the causes stated  (A) Allen Spinerity), 24B, DATE	Houd 21E, Whi Wor attended the prove (I	injury occurred  ile At Not While At Work  ne deceased from  (We) (did not) vi  DEGREE Phys  DEGREE   21F. HOW DID IN 21F. HOW DID I	Staff Phys. Cocation (City)	Pure 1920  Non death occurred on the dot  238, DATE SIGNED  6/13/70  y, town, or county) (Stote)	
OR CONTRIBUTION DEATH (nofity)  210-TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour ond 23A. SIGNATUR  23C. PHYSICIAN NAME (Ty Dr.  4A. BURIAL CREM REMOVAL (S)  BURIAL CREM REMOVAL (S)	that (I) (this hospital) a lost saw the deceased of from the causes stated  A Allen Sp. AATION, 248, DATE pecify) 6-15-70	Houn 21E, Whitehold the constitution of the co	injury occurred  le Af	21F. HOW DID IN 21F. HOW DID I	Shoff D  Shoff Rd.  LOCATION ICH  LOCATION ICH  BLUTT OCCUR?	Punc 1970  Non death occurred on the dot  23B, DATE SIGNED,  (6/13/70  y, town, or county) (State)  Md.
22. I certify that (I) (we) and hour and 23A. SIGNATUS 23C. PHYSICIAN NAME (Ty) Dr. 4A. BURIAL CREM REMOVAL (S) BURIAL	that (I) (this hospital) a lost saw the deceased of from the causes stated  A Allen Sp. AATION, 248, DATE pecify) 6-15-70	Houd 21E. Whi Wor ttended the prove (I	INJURY OCCURRED  Ile At Not While At Work  The deceased from	21F. HOW DID IN 21F. HOW DID I	Stoff D  Stoff D  COCATION ICH  R	Pure 1920  Non death occurred on the dot  238, DATE SIGNED  6/13/70  y, town, or county) (Stote)



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VS 150-REV.

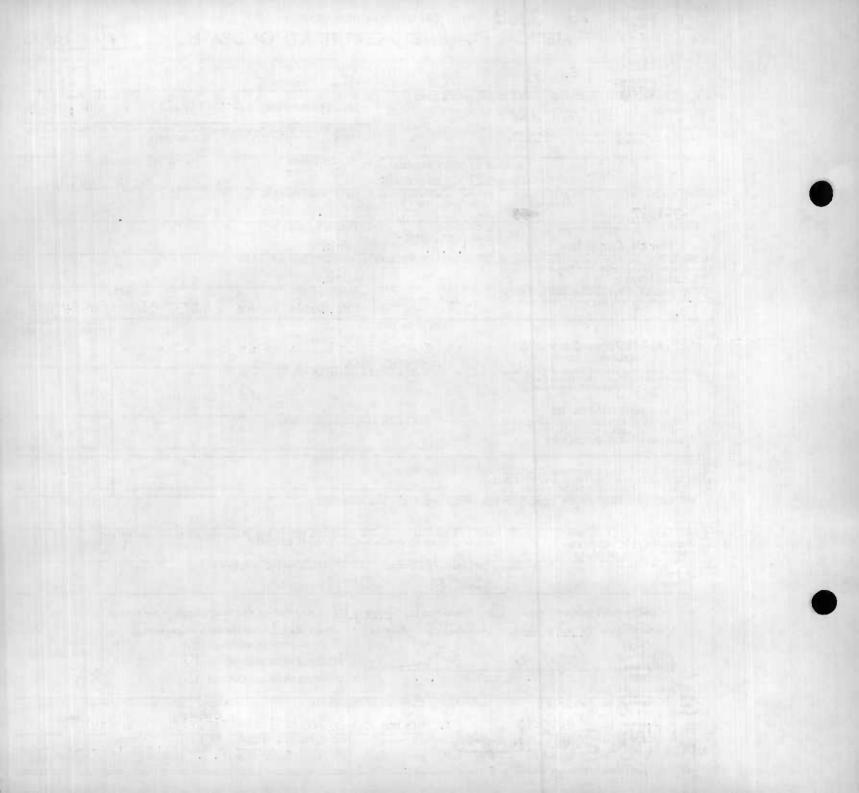


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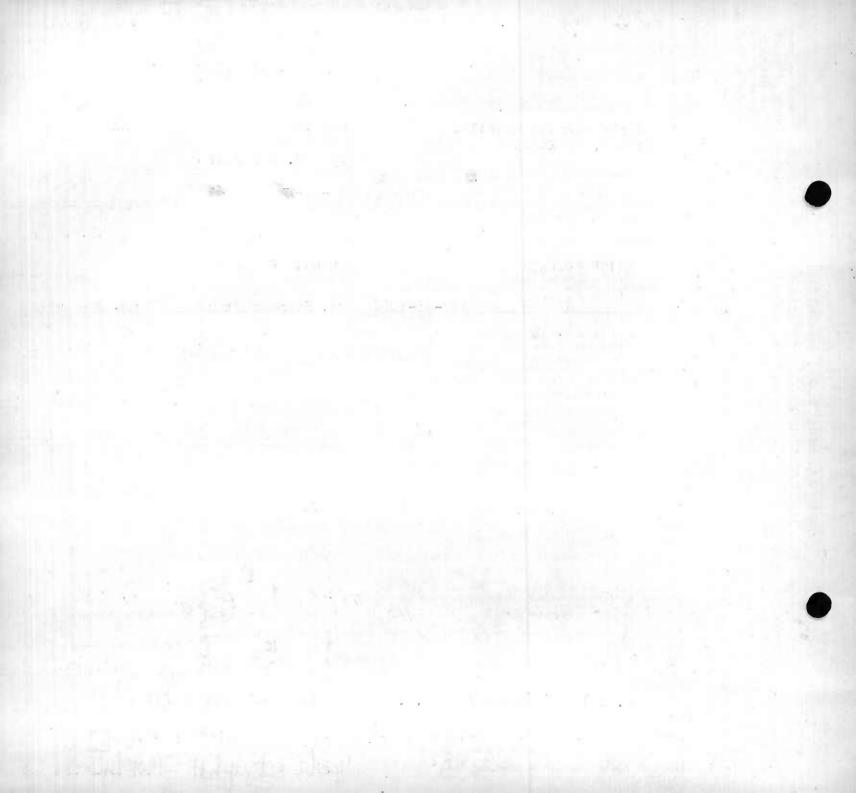
VS 151-REV. 1/1/68

0000	BALTIMORE CITT HEALTH DEFARTMENT
	EVALUATEDIO CENTIFICATE

MED MED	ICAL EX	CAMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO	.70	60	69
NAME OF DECEASED E.	TV		2. DATE OF	Known   Estimated	Month	Doy	Yeor	Hnur	
ARBUTUS RAL  PLACE IN BALTIMORE, MARYLAND, Y  ULL NAME OF (IF NOT IN HOSPIT, OSPITAL ADDRESS OR LOCA	VHERE PRONC		DEATH 3. DATE PRONOL	INCED DEAD	Month June	10, 1970	Year	Hour 5:34	A . M.
UNIVERSITY HOSP:			5. USUAL RI A. STATE	SIDENCE (Where Maryland	deceased li	ed. If institution: B. COUNTY	residence b	efore odmiss	ion)
Female 7. RACE Negro	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	C. CITY OR Balt:			D. INSIDE CIT		vo 🗆	
1-3-1917		der 1 Yr. If Under 24 Hrs. hs: Days   Hours   Min.		Mosher S	Street				
North Carolina	٧	VHAT COUNTRY?	Unk.						
4A.USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) Unemp1 oyed			Unk.		AE				
S. WAS DECEASED EVER IN U.S. ARMET (es, no or unknown) (If yes, give wor or dotes No.	of service)	214-18-5529	Mrs.	Nant Nosie Rale	У	2739 Edn		n Aven	
DISEASE OR CONDITION DIRE LEADING TO DEATH  (This does not mean the mode of dy heart loilure, asthenia, etc. it means the injury or complication which coused de  ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN P.	olh.)  (, GIVING THE  ONTRIBUTING THE TERMINAL	(A)IMMEDIATE C	AUSE AS A CONSEQ		e		SEIWI	een onset an	ID DEATH
20A. DATE OF OPERATION 20B. CO		WHICH OPERATION WAR			(if In Baltimo	re City, give exac	у	es	No)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year OF INJURY (APPROX.)  23.  I certify that I held an I resulted from: Natural cau  ACTUAL SIGNATURE EXAMINER'S Ronald NAME (Type)	nquiry \( \text{A} \)	PELINJURY OCCURRED  WOTHER AT W  Inspection Augustian	WHILE 2 VORK 1 topsy  ASSI	and that on the micide CHIEF MEDICAL E	JURY OCC his basis, Undotermi EXAMINER	death In my o	opinion	DATE SIGN	IED
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  Burial 6-15.		Mt. Auburn			Baltime		or county) Mary		e)
Burial 6-15.		THE AUBUTH	25C. I	UNERAL DIRECTO	OR	A	DRESS	ens St	 reet



BIRTH NO.	1/60			BALTIMORE CITY	HEALTH DEPARTMENT	E 1738 - 704	P10 P10
	422	70	6070	CERTIFICA	TE OF DEATH		0010
1. NAME O	F DECEASED				2. DATE	AND HOUR OF DEA	тн
770	William	6 F	owlker		6/13	5/70 4	Am
3. PLACE I	N BALTIMORE M	ARYLAND, W	HERE PRONOU	NCED DEAD		Where deceased lived. I DUNTY	f institution: residence before ad
FULL NAM HOSPITAL	AE OF (IF NO	OT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET	MARYLAND C. CITY OR TOWN	D. II	NSIDE CITY LIMITS?
	E JOHNS	HOPKINS	HOSPIT	AL	BALTIMORE		YES XX NO
4	LTIMORE,				E. STREET AND NUMBE	R	
	,				1726 N. BR	YAWGAO	
5. SEX	6. RACE		7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under
m	N		WIDOWED	4	11-22-07	last high-land	Manths Days Hours
		ive kind of work			11. BIRTHPLACE (State or		12. CITIZEN OF WHAT CO
	mast of working life,						
	_ = 1				Lunenburg Co	., Virginia	U.S.A.
13. FATHER	'S NAME				14. MOTHER'S MAIDEN	NAME	
	GRIEF	FOWLKE	S		NANNIE FR	REELAND	
5. Was De	ceased Ever in U.	S. Armed Fore	ces?	6. SOCIAL	17. INFORMANT		ADDRESS
	nknawn) (If yes, gi	ve war or date	s of service)	SECURITY NO.			1706 W -
NO.				132-03-3938 CAUSE OF DEAT	Mrs. Floren	ce Stokes	1726 N. Broadway
vise UNDE UNDE	SES OR COND IO THE OBOVE RLYING CONDIT SIGNIFICANT CON	COUSE (A) ION lost.	stoling the	(c) carciare	ma of tonsi,	mel phary	up 6mos-/y
A DISEAS	E DEATH BUT NOT SE OR CONDITION ATE OF OPERATION	N 198. CON WAS PERF	T I (A). DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes o	r Na) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
5 51			A MINISTER OF THE PERSON OF TH	1010211			CAUSES OF DEATH:
5 5/ 0 21A. A	CCIDENT WAS U		268.1	LACE OF HUJURY (e.g.,	n of about 21 C. WHERE DI	D (If in Balti	more City, give exoct location)
21A. A OR CO	CCIDENT WAS UNTRIBUTING C	AUSE OF	268.1	PLACE OF INJURY (e.g., farm, factory, street, a		D (If in Baltin	
21A. A OR CO DEATH	ONTRIBUTING C I (natify medical ex	AUSE OF	208. I hame etc.)	, farm, factary, street, a	n of about 21C, WHERE DI ffice bldg., INJURY OCCUI	2?	
O 21A. A OR CO DEATH	ONTRIBUTING C I (natify medical ex ME (Manth)	AUSE OF	(Haur) 21E.	, farm, factory, street, a	n or about 21C. WHERE DI ffice bldg., INJURY OCCUI	O (If in Bolting) INJURY OCCUR?	
21A. A OR CO DEATH	ONTRIBUTING C I (natify medical ex ME (Manth)	AUSE OF	208. I hame etc.)	injury occurred  At Nat Whil	n of about 21C. WHERE DI ffice bldg., INJURY OCCUI	2?	
21A. A OR CO DEATH	ONTRIBUTING C I (natify medical ex ME (Manth) JURY	AUSE OF kamineri (Day) (Year)	(Haur) 21E. Whill	injury occurred  At Nat While	n of about 21C. WHERE DI ffice bldg., INJURY OCCUI	2?	
WE CO	ME (Manth) DX.)  Certify that (M(s)	AUSE OF caminer! (Day) (Year)	(Haur) 21E. While Wark	injury Occurred  At Mat Whit	n or about 21C. WHERE DI ffice bldg., INJURY OCCUI	INJURY OCCUR?	more City, give exact location)
V 21A. A OF INJ (APPRO	ME (Manth)  Certify that (1) (we) last sow	AUSE OF kaminer) (Day) (Year) This hospital the deceose	(Haur) 21E. While Wark ) ottended the dalive an	injury occurred  At Work  e deceased from	n or about 21C. WHERE DI ffice bldg., INJURY OCCUI 21F. HOW DID 4/28 19 90 on	INJURY OCCUR?  19 76 to do that in (n) (our)	more City, give exoct location)
OR CO DEATH OF INJ (APPRO	ME (Manth) DX.)  certify that (M() (we) last sow	AUSE OF kaminer) (Day) (Year) This hospital the deceose	(Haur) 21E. While Wark ) ottended the dalive an	injury occurred  At Work  e deceased from	n or about 21C. WHERE DI ffice bldg., INJURY OCCUI	INJURY OCCUR?  19 76 to do that in (n) (our)	more City, give exact location)  6/13  19  opinion death occurred on t
OR CO DEATH OF INJ (APPRO	ME (Manth)  Certify that (1) (we) last sow	AUSE OF kaminer) (Day) (Year) This hospital the deceose	(Haur) 21E. While Wark ) ottended the dalive an	injury Occurred  At Work  deceased from  (We) (did) (did not)	n or about 21C. WHERE DI ffice bldg., INJURY OCCUI 21F. HOW DID 4/28 19 90 on	INJURY OCCUR?  19 76 to do that in (n) (our)	more City, give exact location)
U 21A. A OR CO DEATH OF INJ (APPRO	ME (Manth) DX.)  certify that (M() (we) last sow	AUSE OF kaminer) (Day) (Year) This hospital the deceose	(Haur) 21E. Whiliwark ) ottended the	injury occurred  At Work  e At At Work  e deceased from  (We) (did) (did not)	n or about 21C. WHERE DI ffice bldg., INJURY OCCUI  21F. HOW DID  4/28  19 70 on  view the body ofter dealer	INJURY OCCUR?  19 7 to do that in (n) (our)	more City, give exact location)  6/13  19  opinion death occurred on t
V 21A. A OR CO DEATH OF INJ (APPRO	ME (Manth)  OX.)  certify that (Manth)  (we) last sow our and from the GNATURE  ME (Manth)  OX.)  certify that (Manth)  OX.)	AUSE OF kaminer) (Day) (Year) this hospital the deceose causes state	(Haur) 21E. While Wark of alive an	injury occurred  At Work  and did did not)  Attended  At	n or about 21C. WHERE DI ffice bldg., INJURY OCCUI  21F. HOW DID  19 90 one wiew the body ofter deal  23D. ADDRESS	INJURY OCCUR?  19 76 to d that in (m) (our) with.	opinion deoth occurred on 1
U 21A. A OR CO DEATH OF INJ (APPRO that Cond he 23A. SI	ME (Manth)  Certify that (D)  (we) last sow our and from the GNATURE  AND ESTATE OF THE CONTROL	AUSE OF cominer)  (Day) (Year)  this hospital the deceose causes stote  TELLE (	(Hau) 21E. Whili Wark ) attended the dalive aned above (1)	injury Occurred  At Work  a deceased from  (We) (did) (did not)	n or about 21C. WHERE DI ffice bldg,, INJURY OCCUI  21F. HOW DID  4/28  19 70 on  riew the body ofter dea  ending Med. 5. Director  23D. ADDRESS  THE JOHNS	INJURY OCCUR?  19 76 to	opinion deoth occurred on 1
U 21A. A OR CO DEATH OF INJ (APPRO	ME (Manth)  Certify that (Manth)  (we) last sow our and from the GNATURE  ME (Mysician's AME (Type)  M ES  AL CREMATION,  DVAL (Specify)	AUSE OF kaminer) (Day) (Year) This hospital the deceose causes state of the deceose state of the deceose of the dece	(Haur) 21E. Whith wark of alive an	injury occurred  At Work  and did did not)  Me of CEMETERY of CR	n or about 21C. WHERE DI ffice bldg., INJURY OCCUI  21F. HOW DID  19 70 on  riew the body ofter dea  ending Med. 5: Med. Director  23D. ADDRESS  THE JOHNS  EMATORY 24	INJURY OCCUR?  19 76 to de that in (m) (our) de th.  Shaff Phys. HOS D. LOCATION	opinion death occurred on to the state of th
DO 21A. A OR CO DEATH OF INJ (APPRO 22. 1 of that (1) ond he 23A. SI  24A. BURIAREMO BUIL	ME (Manth)  Certify that (Manth)  (we) last sow our and from the GNATURE  ME (Type)  ME ES  AL CREMATION, OVAL (Specify)  rial	AUSE OF kaminer) (Day) (Year) This hospital the deceose causes state  TELLE ( 248. DATE  6-16-7	(Haur) 21E. White Wark  ) ottended the dalive an	Me of CEMETERY or CR	n or about 21C. WHERE DI ffice bldg., INJURY OCCUI  21F. HOW DID  19 70 one riew the body ofter dea  23D. ADDRESS  THE JOHNS  EMATORY 24  21 C. WHERE DI  21F. HOW DID  22F. HOW DID  22	INJURY OCCUR?  19 7 to	opinion deoth occurred on to 23B. DATE SIGNED    23B. DATE SIGNED   13   7 0
D 21A. A OR CO DEATH OF INJ (APPRO  22. 1 c that and the cond he 23A. SI  24A. BURIAR BURIAR BUIL BUIL BUIL BUIL BUIL BUIL BUIL BUIL	ME (Manth)  Certify that (Manth)  (we) last sow our and from the GNATURE  ME (Mysician's AME (Type)  M ES  AL CREMATION,  DVAL (Specify)	AUSE OF kaminer) (Day) (Year) This hospital the deceose causes state  TELLE ( 248. DATE  6-16-7	(Haur) 21E. Whith wark of alive an	Me of CEMETERY or CR	n or about 21C. WHERE DI ffice bldg., INJURY OCCUI  21F. HOW DID  19 70 on  riew the body ofter dea  ending Med. 5: Med. Director  23D. ADDRESS  THE JOHNS  EMATORY 24	INJURY OCCUR?  19 7 to	opinion death occurred on to the state of th



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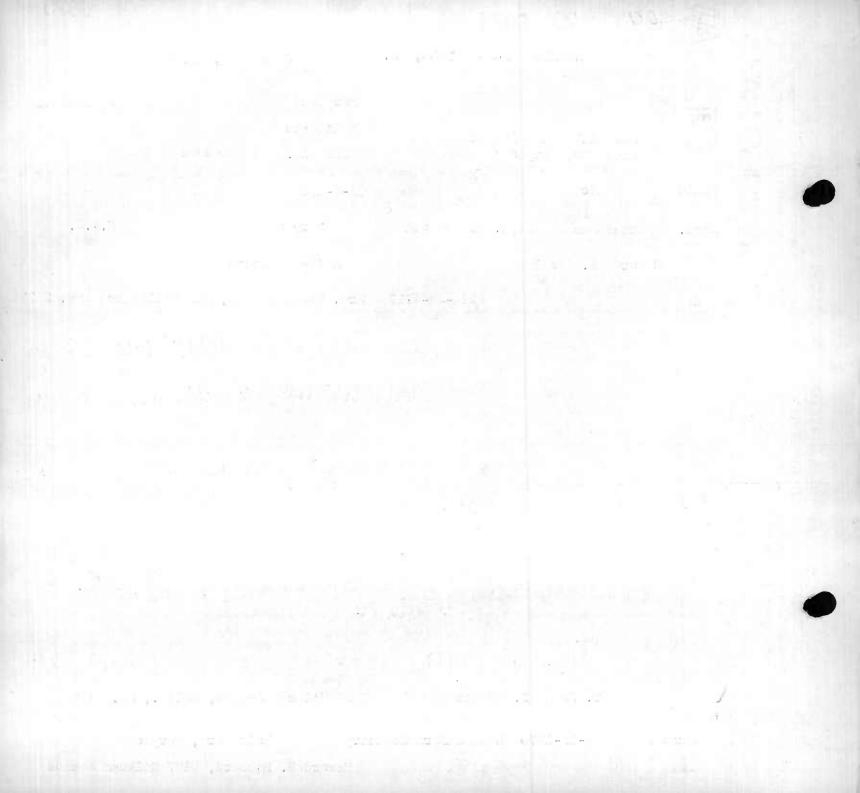
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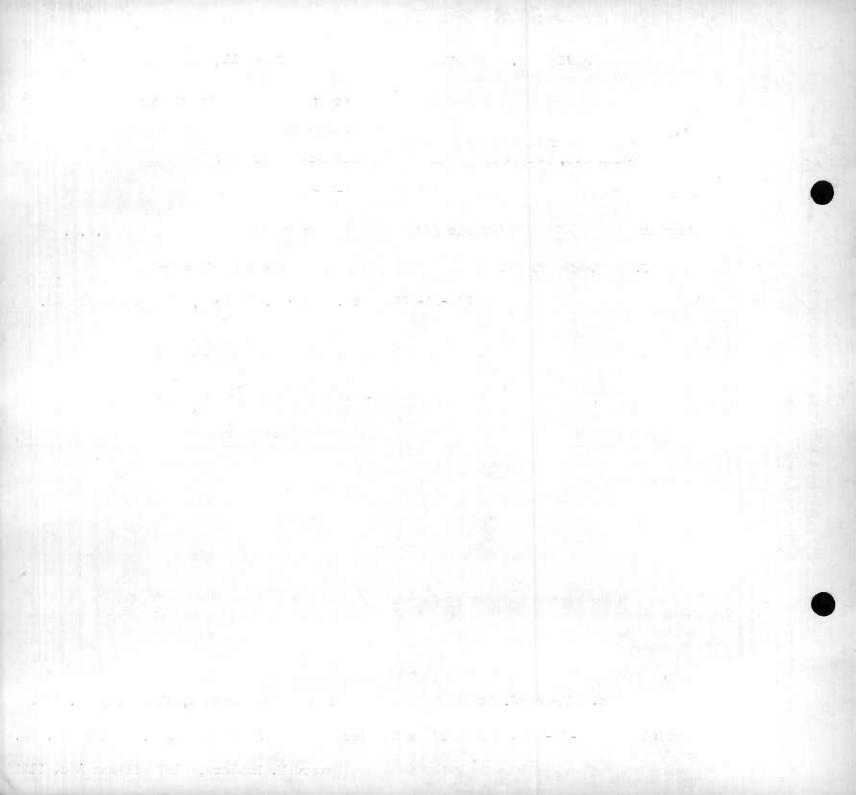
DIRECTOR:

FUNERAL

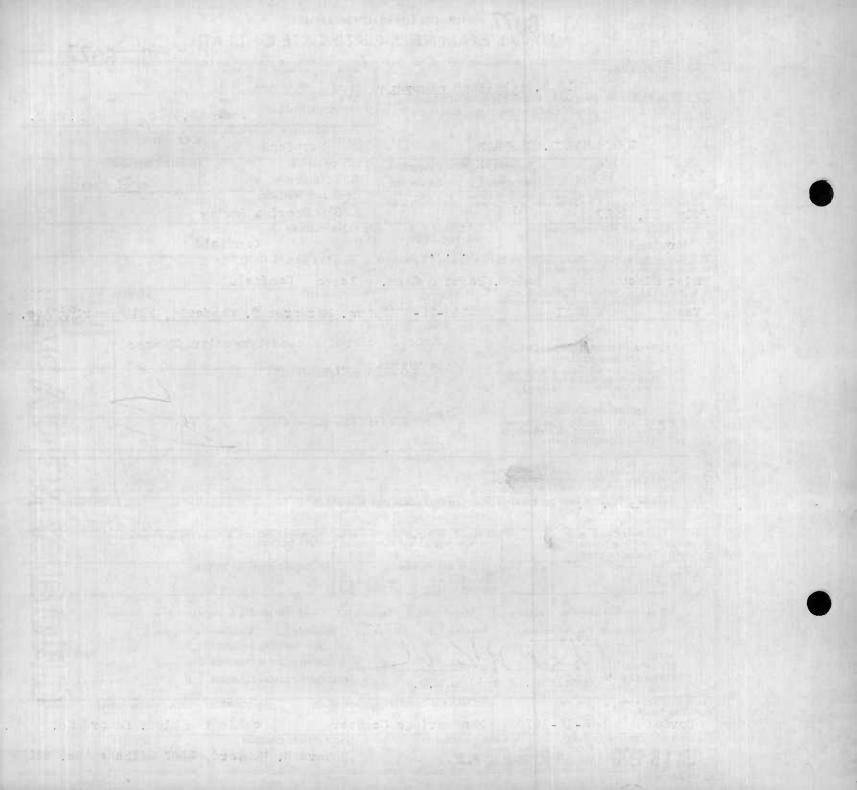
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VS 150-REV. 1/1/68,



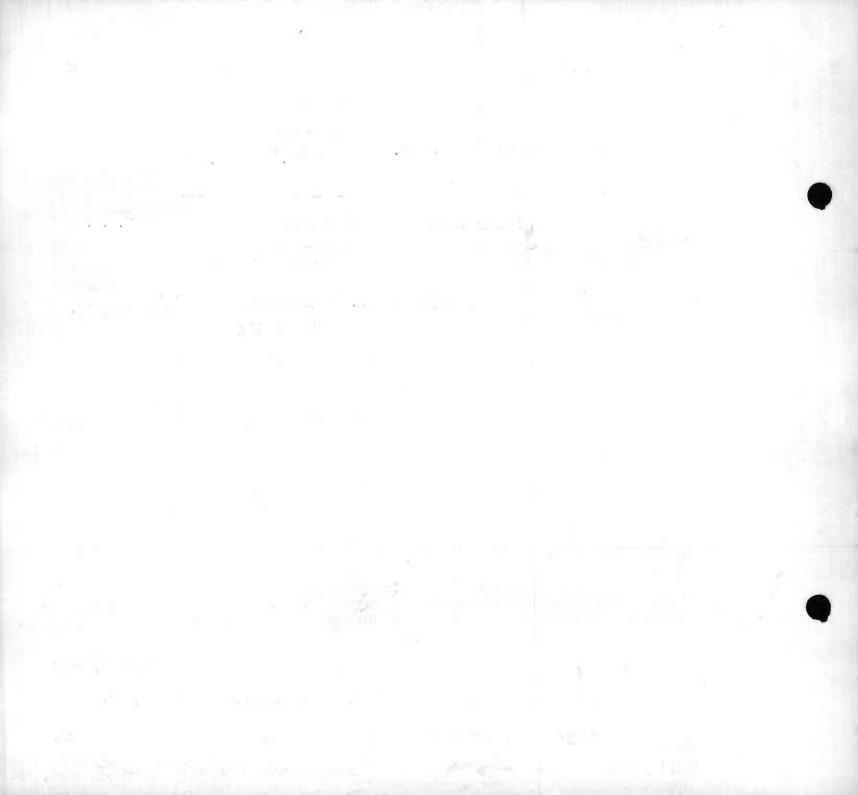


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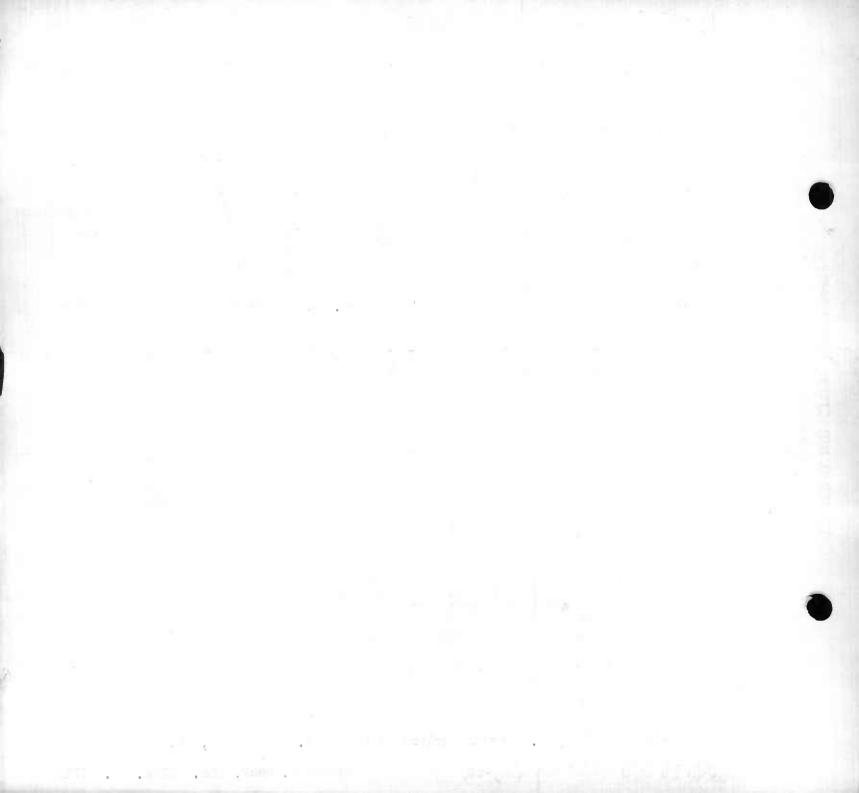


NAME OF DECEASED		RTMENT	120
NAME OF DECEASED pe or Print)	IFICATE OF D	EATH REG.	No. 70 6078
		2. DATE AND HOUR OF	DEATH
James Goodyear		6/11/70	11.43 A
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE	B. COUNTY	ved. Il institution: residence belore admissi
LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE S	REET Maryl	and	- 1102.
SPITAL OR ADDRESS OR LOCATION)	C, CITY OR TOV		D. INSIDE CITY LIMITS?
5 M	Balti	more	YES NO
Americant Mercy Hospital ,	E. STREET AND	NUMBER St. Paul St. 7	
6. RACE 7. MARRIED NEVER MA	RIED 8. DATE OF BIR		
Male White WIDOWED DIVO	CED   8-19-9	3   lost birthdoy	Months Doys Hours Min.
. USUAL OCCUPATION (Give kind of work JOB KIND OF BUSINESS OR	NDUSTRY 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNT
construction	Maryla		U.S.A.
Laborer FATHER'S NAME			
Leslie Goodyear	14. MOTHER'S		
	Marg	aret Milburn	
Was Deceased Ever in U. S. Armed Forces?  in o or unknown) (If yes, give wor ar dates of service)  1 6. SOCIAL SECURITY	17. INFORMANT		D D // C ADDRESS
0 219-05-		rt Roney	R.D. # 2
18. // CAUSE		sevo	North East, Md.
UNDERLYING CONDITION last. (C)	O, OR AS A CONSEQUENC	70000	in the second
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		/	_
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 119B- CONDITION FOR WHICH OPERAT	ON 120A A11=000	(2 (Van as NA) 202 12	
WAS PERFORMED	ON 20A. AUTOPS	IN CERTIFY	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJ OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJ home, form, foctory, etc.)	JRY (e.g., in or obout 21 C. Wi street, affice bldg., INJURY	TERE DID (If In	Boltimore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCL		W DID INJURY OCCUR?	
(APPROX.I While A! Work	Not While		
(APPROX.I While At Wark	Not While At Work	0 10 17	
(APPROX.) While A! Wark  22. I certify that (I) (this hospital) attended the deceosed f	Not While At Work		
(APPROX.)  While A! Wark  22. I certify that (1) (this hospital) attended the deceased fithat (1) (we) lost sow the deceased alive on	Not While am	and that In(my) (e	
(APPROX.)  While Al Wark  22. I certify that (1) (this hospital) attended the deceased fithat (1) (we) lost sow the deceased alive on	Not While am	and that In(my) (e	
(APPROX.)  While A! Wark  22. I certify that (1) (this hospital) attended the deceased fithat (1) (we) lost sow the deceased alive on	Not While At Work am	and that in(my) (e	or) opinion death occurred on the do
(APPROX.)  While Al Wark  22. I certify that (I) (this hospital) attended the deceased fithat (I) (we) lost sow the deceased alive on and haur and from the causes stated above. (I) (We) (did) (a 23A. SIGNATURE	Not While At Work and Attending	and that in(my) (e	<del>or</del> ) opinion death occurred on the da
(APPROX.)  While Al Wark  22. I certify that (I) (this hospital) attended the deceased fithat (I) (we) lost sow the deceased alive on and haur and from the causes stated above. (I) (We) (did) (a 23A. SIGNATURE  H- Wark  23C. PHYSICIAN'S	Not While At Work and At Work and Attending Attending Phys. 23D. ADDRESS	ter death.  d. Shaff Phys	23B. DATE SIGNED June 11, 1970
(APPROX.)  While Al	Attending Attending 23D. ADDRESS	ter death.  d. Shaff Phys	or) opinion death occurred on the de
(APPROX.)  While Al	Not While At Work and At Work and Attending Attending Phys. 23D. ADDRESS	d. Stoff Phys. D	23B. DATE SIGNED June 11, 1970  Ltimore, Md.
(APPROX.)  While AI Wark  22. I certify that (I) (this hospital) attended the deceased fithat (I) (we) lost sow the deceased alive on and haur and from the causes stated above. (I) (We) (did) (constant of the causes stated above) (I) (We) (did)	Not While At Work At Work At Work At Work At Work At Manager Attending Atten	ed. Stoff Phys. Dital Inc. Ba	June 11, 1970  ltimore, Md.  (City, town, or county) (Stote)
(APPROX.)  While Al	Not While At Work At Work At Work At Work At Work At Manager Attending Atten	d. Stoff Phys. Dital Inc. Ba	23B. DATE SIGNED June 11, 1970  ltimore, Md.  (City, town, or county) (Stote)

VS 150-REV. 1/1/68



B-655 70 607	BALTIMORE CITY	HEALTH DEPARTMENT		70 6079
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	10 00/0
1. NAME OF DECEASED	22 . 14	- /	D HOUR OF DEATH	N. Control of the Con
WILLIAM G	BRENNA		15-70	2:00 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If ins	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)	- 4	MARYLAND C. CITY OR TOWN	CITY	DE CITY LIMITS?
NORTH CLARLES GE	NERAL HOSPILL	BALTIMORE		YES TO NO T
49	, , , , ,	E. STREET AND NUMBER	IEW AVE.	21206
5. SEX 6. RACE 7. MARR	IED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 4-7-15	P. AGE (In years	Manihs Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KINI		11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired)  CLERK  CROS	UN CORKY SEAL CA	PA.		454
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAM	AE .	
LAWRENCE BRENNA		MAUDE	SWYNN	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war at dotes at servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	193 18 W 63	Mrs. Anne Bren	nan	(Same)
18. 146,91	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		herries n	a RECO.	
(This does not mean the mode of dying,	(A) IMMEDIATE CAU		C CARCULA	our 8 months
heart failure, asthenia, etc. It means the dise	use,	A CONSEQUENCE OF:		
ANTECEDENT CAUSES	Dain	IARY - OR	pharyw;	
DISEASES OR CONDITIONS, if any, giv	(8)	A CONSEQUENCE OF:	freedy of	\ 
nise to the above cause (A) stating UNDERLYING CONDITION tast.	the			
The state of the s	(c)			
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMING DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG AL			
19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE F	INDINGS CONSIDERED
WAS PERFORMED		NO	IN CERTIFYING CAU	SES OP DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., in home, farm, factory, street, aff etc.)	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If In Bollimore	City, give exact location)
21D.TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
E OF INJURY (APPROX.)	While At   Not While Work   At Work			
22. I certify that (1) (this hospital) attende		- 29-70	970 ta 6.	-/( 10 70
that (i) (we) last saw the deceased alive a	n 6-15	19.70 and tha		lan death accurred on the date
and haur and from the causes stated above	. (1) (We) (did) (did not) vi	ew the body after death.		
23A. SIGNATURE	wy les After Phys.	iding Med. Sirector Director	haff Phys.	238, DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS	GENERA	Horoma
24A. BURIAL CREMATION, 124B. DATE 124C	DEGREE	NOTA CHARLES	Coro	No / 110
REMOVAL (Specify)	NAME of CEMETERY OF CRE			, town, or county) (Stote)
	orthumberland Me		amokin, Pa.	
JUN 1 6 1970 Paber E. Jak	ME OF REGISTRAR	Leonard J. Rue	ck, Inc. Bal	to. Md. 21214
VS 150-REV. 1/1/68				



FUNERAL DIRECTOR: IMPORTANT

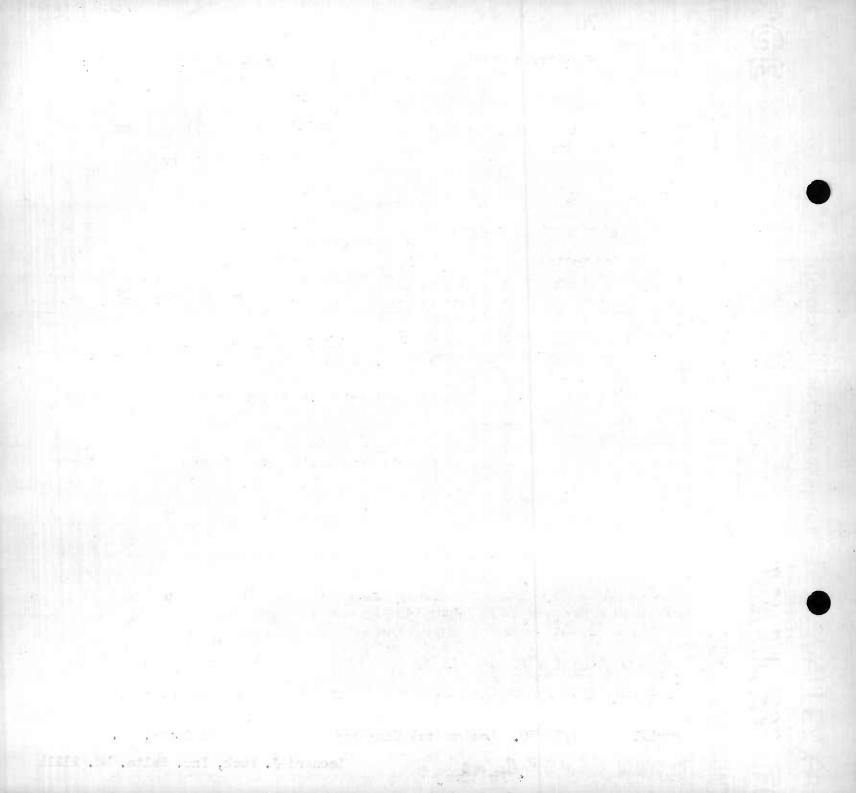
0 / 70 60	80 BALTIMORE CITY	HEALTH DEPARTMENT	70	0000
5-6551		TE OF DEATH	REG. NO.	0000
NAME OF DECEASED	SERVICE SERVICE	2, DATE AND HO	III OF DEATH	
Type an Print)	Description	6-13-	7/)	4. DEDIN
PLACE IN BALTIMORE, MARYLAND, WHER		14. USUAL RESIDENCE (Where dec	ensed lived. If institutions	7. US VIII M.
S. PLACE IN BALTIMORE, MARILAND, WHER	E PRONOUNCED DEAD	A. STATE B. COUNTY	iosed lived. Il liisliidiidii:	residence beidle admission)
FULL NAME OF (IF NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET	Md	Balle Ca	33-00
HOSPITAL OR ADDRESS OR LOCATION	N)	C. CITY OR TOWN	D. INSIDE CITY	LIMITS?
01 0 11 . 0 . 11	4 1	Ballemore	YES 4	NO.
Bolius Haplains Ho	spetal	E. STREET AND NUMBER	10	
V	/	1870 6 Summe	Ture	
SEX 6. RACE 7.	MARRIED NEVER MARRIED		E (In years If Und	der 1 Yr. If Under 24 Hrs. s! Doys Hours Min.
FWW	DIVORCED DIVORCED	4-25-14	Month:	s boys moors with.
A. USUAL OCCUPATION (Give kind of work 108,	KIND OF BUSINESS OR INDUSTRY		untry) 12. CI	TIZEN OF WHAT COUNTRY
ne during most of working life, even if retired)				
Housewife		Virginia	U.	S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
DOUGLAS GRAY		MARY POTTS		
Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS .
es, no or unknown) (If yes, give wor or dates of			0-1	
No	215-50-8710	Robert D. Brownin	ig 8706 Summ	dt Ave. Balto.
1B. / 74 X I	CAUSE OF DEAT	н		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	rLY	ISE Metastufic Ce 4	Par me	7 canal
LEADING TO DEATH	(A) IMMEDIATE CAL		YUUS	Lycary
(This does not mean the mode of dyi heart failure, osthenio, etc. It means the		A CONSEQUENCE OF:		
injury or complication which caused dea				
ANTECEDENT CAUSES	4.5			
DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	A CONSEQUENCE OF:		• • • • • • • • • • • • • • • • • • • •
rise to the obove cause (A) sta				
UNDERLYING CONDITION last.	(c)			***************************************
11				
OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING 71 A	NI		
TO THE DEATH BUT NOT RELATED TO THE TE DISEASE OR CONDITION GIVEN IN PART 1	(A).	/		
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B.	IF YES, WERE FINDING	S CONSIDERED
none "		AVO "	no	DEATH.
21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	n or about 21 C. WHERE DID	(If in Boltimore City, g	nive exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, factory, street, a	mice bidg., INJURY OCCUR?		
100	215 INIURY OCCURRE	215 HOW BID MILLION	2661103	
OF INJURY (Month) (Day) (Year) (H	our) 21E. INJURY OCCURRED	21F. HOW DID INJURY C	CCUR!	
(APPROX.)	While At Not While Work At Work			
22. I certify that (I) (this hospital) of	,	-6 10 7	0 to 6-13	19.70
	(- 17			
that (I) (we) lost sow the deceased of		19.70 and that in	(my) (our) opinian de	eath occurred on the dot
ond hour and from the couses stated	obove. (1) (We) (did) (did not)	view the body after death.		
23A. SIGNATURE	. 0		23 B. D	ATE SIGNED
1 8 111	Their Oo Att	ending Med. Staff Phys.	X L	-13-70
23 C. PHYSICIAN'S	DEGREE PRY	23D. ADDRESS		13/0
NAME (Type)				
BRUCE G. WHIPPLE	M.D. DEGREE	THE JOHNS HOPK	KINS HOSPITA	
A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C, NAME of CEMETERY OF CR	EMATORY 24D. LOCATI	ION (City, town,	
	Onla 114333 Committee	75	-1-1-1-	
A. DATE REC'D BY HEALTH CEPT. 25B	Oak Hill Cemeter	25C. FUNERAL DIRECTOR	ricksburg, Vi	lrginia ADDRESS
IIIN 1 6 1070 D.C. 6 5	To Cha Se S			
ADM TO 1916 Acoch chi	Account to the same of	Leonard J. Ruck	TUC. RSTro.	Md. 21214
150-PEV 1/1/68				

Table to the comment of the comment interest , a second of the sec And the second of the second o

(	1-63	7			BALTIMORE CIT	Y HEALTH DEPARTMENT	r	Page		
BIRTI	1 NO.	2	70	3081	CERTIFICA	TE OF DEATH	REG. NO.	1	6081	
1. NA	ME OF DEC	EASED	G. 0.0	,			AND HOUR OF DEAT	гн		
		CARME	N CIL	EDI TO	0		6/14/20	-	4:15	PM
3. PL	ACE IN BAL	TIMORE MARY	LAND, WHERE P	ONOUNCED	DEAD	4. USUAL RESIDENCE (	Where deceased lived, II	institution: r	esidence belore odmi	ssion)
HOS	L NAME OF	(IF NOT I	N HOSPITAL OR I	мопитпем.	GIVE STREET	C. CITY OR TOWN		NSIDE CITY E	163	2
	1	Cinni U	agent to I	6 D-744.		Bar	time	YES	NO	
4	12		ospital o	r partn	more	E. STREET AND NUMBER		10.		
5. SÉ	M	6. RACE	WIDO	WED 54	PER MARRIED DIVORCED	2/22/2	9. AGE (In yeors last birthday)	II Unde Months	Doys Hours N	4 Hrs.
tOA, t done	during most of Foroma	working life, even	if telited}	o of Busini Pizza C		11. BIRTHPLACE (Stote or	foreign country)	12. CITI	ZEN OF WHAT COU	INTRY?
13. F	ATHER'S NA	ME				14. MOTHER'S MAIDEN	NAME			
			oseph Cre	dito			Mary S	crreno		
res, r	to of unknown	Ever in U. S. A	or or doles of ser	rice) 1 6. SO	CIAL CURITY NO.	17. INFORMANT			ADDRESS	
	Yes	W I	N 2	183.	-12-8455	Mr. Joseph C	redito		(Same)	
( h	This does n leart failure, njury ar carr	LEADING TO all mean the asthenia, etc. plication which ANTECEDENT	mode of dying, Il means the dis a caused death.) CAUSES	e.g.,		A CONSEQUENCE OF:	zocardial is		APPROXIMATE INTER	VAL
n	se la lhe	abave cou CONDITION	NS, if any, g se (A) slaling lost.	1110	DUE 10, OR AS	A CONSEQUENCE OF:			************************	
ATION	O THE DEAT	H BUT NOT RELA	ONS CONTRIBUT	NG NAL	gram -	nigative -	lepticeur			
IRTIFIC	A DATE OF	OPERATION	98 CONDITION WAS PERFORMED	OR WHICH	PERATION	20 A. AUTOPSY? (Yes or	No. 208, IF YES, WER	E FINDINGS AUSES OF I	CONSIDERED DEATH?	
. 10	A ACCIDENT R CONTRIBUTE ATH (nolify	TING CAUSE medical exomin	LYING C	218, PLACE home, form, elc.)	OF INJURY (e.g., in foctory, street, al	n or obout 21 C. WHERE DIC fice bldg. INJURY OCCUR	(II In Boltim	ore City, give	e exoct location)	
5 0	PPROX.	(Month) (Doy)	(Yeor) (Hous)	While At	OCCURRED Not While At Work	21F. HOW DID	NJURY OCCUR?		/. /	
- 1			hospital) attend deceased alive		ased from	6/7/70 70 19 and	tathat In(my) (our) o	olpian deal	14/ 70 <sub>19</sub>	
-	-			-	did) (did nat) v	lew the bady after deat			seconed an fre	4010
23	A. SIGNATU	lapel .	Levites	m		nding Med.	Stoff Phys.	238, DAT	1/4/70	
	NAME (T)	"LAFA	AEL LA	11TES		SINA!	HOSPI T	+ 6		-
- 1	Burial CREA Semoval (S	MATION, 248. (	)/17/70.		CEMETERY OF CRE	MATORY 24D.	Baltimore	City, town, or	(Stol	le)
UN	1 1 6 19		BE, Jabe	ME OF REGIS	TRAR	Leonard J.	Ruck, Inc.	Balto.	Md. 21214	
\$ 150	0-REV. 1/1/6	8				1 75 1				

terit dital entre

150-REV. 1/1/68



24C. NAME of CEMETERY or CREMATORY

Gardens Of Faith

258. NAME OF REGISTRAR

ASSOCIATE MEDICAL EXAMINER

Leonard J. Ruck Inc.

25C, FUNERAL DIRECTOR

6/13/70

Balto. Md.

**ADDRESS** 

(Stote)

24D. LOCATION (City, town, or county)

Balto. Md.

SIGNATURE,

NAME (Type)

25A. DATE REC'D BY HEALTH DEPT.

24A. BURIAL CREMATION,

REMOVAL (Specify)

VS 151-REV. 1/1/68

EXAMINER'S Ronald N. Kornblum, M.D.

6/16/70

Robert E Jasber MA

248. DATE

almirrit English 6/10/10 Produce Of Feight . Enlist, Mt.

The manons , tourist.

THE DATE OF MINISTER OF THE PARTY OF THE PAR

Merensel Tell emeth A checkant at The Sternes II

and John County is branch

0 21	5 70	000	BALTIMORE CITY	HEALTH DEPARTM	ENT	חודיו	0004
BIRTH NO.	1 10	6084	CERTIFICA	TE OF DEA	TH REG. NO	70	6084
Type or Print	SED	· V.Ds	terson	2. D	ATE AND HOUR OF DEATH	72	O IS
3. PLACE IN BALTIM	ORE MARYLAND, W	HERE PRONOL		4. USUAL RESIDENC	E (Where deceased fixed. If	institution resid	B P M.
FULL NAME OF HOSMTAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITE		C. CITY OR TOWN	y land	SIDE CITY LIMIT	31
UNION	MEMOR	rial H	tospital	E. STREET AND NU		YES 🔯	№ □
5. SEX 6.	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	% AGE (in years		Ye, if Under 24 Hrs.
-	W	WIDOWED	DIVORCED	5-21-2	9 lost birthdoy) #000	Months Do	Yt. If Under 24 Hrs. Oys Hours Min.
Housewife	TION (Give kind of work king life, even it retired)	10B. KIND OF	BUSINESS OR INDUSTRY	Mari	1	12. CITIZEN	USA LICAL
Vincent T	XXXXXX XXX	XXXXXX		14. MOTHER'S MAID	en name Catheri	ine Cibu	ila
15. Was Deceased Eve (Yes, no or unknown) (If	er in U. S. Armed Force yes, give wor or dotes	es? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			DDRESS
No las			220-22-8431 CAUSE OF DEATH		eterson 2211 Pe	lham Av	re. 21213
This does not heart failure, asli injury or complice ANT DISEASES OR inse to the CUNDERLYING CUNDERLYING CUNDERLYING CUNDERLYING CUNDERLYING CUNDERLYING CUNDERLYING CUNDERLYING CONTRIBUTION CONTRIBUTION CONTRIBUTION	NT CONDITIONS CON UT NOT RELATED TO TH DITION GIVEN IN PART ERATION 198. COND WAS PERFO WAS UNDERLYING	dying, e.g., the disease, deoth.)  any, giving stating the STRIBUTING ETERMINAL 1 (A).	(B) QUE TO, OR AS	A CONSEQUENCE OF	s or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CO	ATH?
S OF INJURY	dicol exomined onth) (Doyt (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?		
IAPPROX.)		Work	At Work				
	t (I) (this hospital)		e deceosed from S	- 18	19 7 0 to S	- 14	19.70
				17_/	ond that In (my) (aur) ap	inian death c	occurred on the date
23A. SIGNATURE	un the conses state	a abave. (1)	(We) (did) (did nat) vi	ew the bady offer o	leath.	238 DATE S	IGNED
	- h		The Photo	ding Med.	Stoff Phys.		-14-70
23C. PHYSICIAN'S NAME IType	WE EN	ERM	EIER MD.	3D. ADDRESS	,		
24A. BURIAL CREMAT REMOVAL (Speci	ION, 248, DATE	24C.NA	ME of CEMETERY OF CRE	MATORY	24D. LOCATION (C	ity, town, or co	ounty) (Stote)
Burial	6-17-70	O C1	rest Lawn Cem.		West Friendshi	р	Md.
JUN 16	1970 Paber	25 NAME	REGISTRAR	25C. funeral di	Ruck Inc. Balt		ADDRESS
VS 150-REV. 1/1/6B							



IMPORTANT

FUNERAL DIRECTOR:

INAME OF DECEASED  Type or Paint  3. PLACE IN BALTIMORE, MARRILAND, WHERE PRONOUNCED DEAD  FULL NAME OF INFO IN HOSPITAL OR INSTITUTION, GIVE STREET  FULL NAME OF INFO IN HOSPITAL OR INSTITUTION, GIVE STREET  BY ADDRESS OR LOCATION  ADDRESS OR LOCATION  TOO NOT'THE OSO ST.  S. SEE  S. BACE  TOO NOT'THE OSO ST.  S. DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  This does not moon the mode of dying, suphener following, calley, see residence of live, and the course death.  ADDRESS OR CONDITION DIRECTLY  LEADING TO DEATH  IT IS OCCIDENT ON DIRECTLY  LEADING TO SERVE ON THE OCCIDENT ON TH	/// 6085	BALTIMORE CITY	2 70 6	Z-35
Type or Panil  3. PLACE IN BALTIMORE, MARRIAND, WHERE PRONOUNCED DEAD  A. USUAL RESIDENCE (Where deceased lived, it institutions residence below A STATE B. COUNTY)  BUILL NAME OF GENOTIAN HOSPITAL OR INSTITUTION, CAVE STREET  A. STATE B. COUNTY  B. COUNTY COR TOWN  D. INSIDE CITY UMITS?  YES DECEMBER OF NOT IN ROSPITAL OR INSTITUTION, CAVE STREET  TOO MORTH ROSP ST.  10. USUAL OCCUPATION(Give lind of week) 100, KIND OF BUSINESS OR INDUSTRY IN BIRTHFLACE (Sinde or foreign country)  10. USUAL OCCUPATION(Give lind of week) 100, KIND OF BUSINESS OR INDUSTRY IN BIRTHFLACE (Sinde or foreign country)  10. USUAL OCCUPATION(Give lind of week) 100, KIND OF BUSINESS OR INDUSTRY IN BIRTHFLACE (Sinde or foreign country)  10. SA SELS SELD BUYER OF MARKED IN BIRTHFLACE (Sinde or foreign country)  10. FATHER'S NAME  Anthony Poggi  10. SOCIAL WAS INDUSTRY IN BIRTHFLACE (Sinde or foreign country)  10. SA ARROWAND IN BIRTHFLACE (Sinde or foreign country)  10. SA ARROWAND IN BIRTHFLACE (SINDE OF BUSINESS OR INDUSTRY IN BIRTHFLACE (SINDE OR FOREIGN)  10. WAS DECEMBER OF CONDITION DIRECTLY  LEADING TO DEATH  IT DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  IT DISEASE OR CONDITION IT ONLY GIVING AND GRAPH COUNTRY IN BIRTHFLACE (SINDE OF BRITH BETWEEN ONSET)  ANTECEDENT CAUSES  DISEASES OR CONDITION IT ONLY GIVING AND GRAPH COUNTRY IN BIRTHFLACE (SINDE OF BRITH BETWEEN ONSET)  ANTECEDENT CAUSES  DISEASES OR CONDITION IT ONLY GIVING AND GRAPH COUNTRY IN BIRTHFLACE (SINDE OF BRITH BETWEEN ONSET)  BETWEEN ONSET OF CONDITIONS CONTRIBUTING COUNTRY BUSINGS OF DATH'S GIVING AND GRAPH COUNTRY OF BRITH BETWEEN ONSET OF BRITH BETWEEN ONSET OF BRITH BUT NOT ELEVEN TO GRAPH COUNTRY ON CO	DEATH	UOO CERTIFICA		
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HOSPITAL OR ADDRESS OR LOCATION   D. INSIDE CITY LIMITS?    CITY OR TOWN   D. INSIDE CITY LIMITS?   No	B. COUNTS			
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E. STREET AND NUMBER   TOO NOTH Rose St	\$ N-	ful & Belling	Mars.	. /
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ADDRESS  APPROXIMATE INTO C Zdanek  Security No. 220-21-9711 Mr John C Zdanek  Same  CAUSE OF DEATH  IThis does not mean the mode of dying, e.g., heart follower, sathenic, etc., it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stofing the UNDERLYING CONDITION last.  (C)  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  III  OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  III  OTHER OR OF PERATION 198. CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  III CONTRIBUTING CAUSE OF DEATH?  III DISEASE OR CONDITION GIVEN IN PART 1 (A).  III CONTRIBUTING CAUSE OF DEATH?  III DISEASE OR CONDITION GIVEN IN PART 1 (A).  III CONTRIBUTING CAUSE OF DEATH?  III DISEASE OR CONDITION GIVEN IN PART 1 (A).  III CONTRIBUTING CAUSE OF DEATH?  III DISEASE OR CONDITION GIVEN IN PART 1 (A).  III CONTRIBUTING CAUSE OF DEATH?  III DISEASE OR CONDITION GIVEN IN PART 1 (A).  III CONTRIBUTING CAUSE OF DEATH?  III DISEASE OR CONDITION GIVEN IN PART 1 (A).  III CONTRIBUTING CAUSE OF DEATH?  III DISEASE OR CONDITION GIVEN IN PART 1 (A).  III CONTRIBUTING CAUSE OF DEATH?  III DISEASE OR CONDITION GAUSE OF DEATH?  III DISEASE OR CONDITION GAUSE OF DEATH?  III DISEASE OR CONDITION GAUSE OF DEATH (A) Work A WOR	ER'S MAIDEN NAME		ME	3. FATHER'S NAM
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OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bidg. INJURY OCCUR?    Contribution of the property of the proper		(C)	CONDITION IGSL	ORDEREMINO
OF CONTRIBUTING CAUSE OF home, form, foctory, street, office bidg. INJURY OCCUR?    Contribution of the co	***************************************	TERMINAL I (A).	H BUT NOT RELATED TO THE ONDITION GIVEN IN PART	OTHER SIGNIFATION THE DEATH
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21D. TIME (Manth) (Day) (Year) (Houd) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Wark	C. WHERE DID (If in Baltimare City, give exoct lacotion) JURY OCCUR?	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	TING CAUSE OF medical examines	OP COMTRIBUTE
	F. HOW DID INJURY OCCUR?	While At   Not While	(Manth) (Day) (Year)	21D. TIME OF INJURY
IZZ. I continue the statistic harminit eliquidad also deserved f			shoe Affichie harnisall	22. I contify t
22. I certify that (I) (this hospital) attended the deceased from 19 // to 6 // 5 19 that (I) (we) last saw the deceased alive on 19 // and that in (my) (our) opinion death accurred on				
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and hour and from the causes stated abave. (M) (We) (did) (did not) view the bady after death.		daye. (1) (We) (did) (did not) vi		
Attending Med. Staff 230, DATE SIGNED	2 / 1.	1/W Dham	lean	
23C. PHYSICIAN'S NAME ITYPE! 23D. ADDRESS RAME ITYPE! STATE AND ST		2	N'S (pe) KAN/THRN/	23C. PHYSICIAN NAME ITY
4A. BURIAL CREMATION, 24B. DATE 24G. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, fawn, or caunty)	24D. LOCATION (City, tawn, or caunty) (State)	24C, NAME OF CEMETERY OF CRE	AATION, 248, DATE	4A. BURIAL CREM
Burial 6/18/70 Holy Redeemer Baltimore, Maryland Call	D 1-	Holy Redeemer	6/18/70	Burial
JUN 1 6 1970 Jabes E. Nauber M.D.   25G. FUNERAL DIRECTOR   ADDRESS   Loonard J. Ruck I c. Baltimore, Maryla	41			SA. DATE REC'D

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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written anarous must be obtained before the remaining are embalmed or final disposition is made.

ype or Print)	X George				4. 1970	
FULL NAME HOSPITAL O	R oddress or location	or institution,	give street	4. USUAL RESIDENCE (Where A. STATE B. COUNT	e deceosed lived. If	institution: residence before odmissiar  2700 : RURAL ond give township)
00				D. STREET ADDRESS (If re	urol, give location)	
	5623 Tramore R			5623 Tramore Re		
		marri			ost birthdoy) 62	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	of working life, even if retired) operator	Mineri	c Corp.	Baltimore, Md.		WHAT COUNTRY?
FATHER'S N	AME		-	14. MOTHER'S MAIDEN NAM	A E	
	George Otto			Clara Voel	ker	
. Was Deceas	ed Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unkno	wn) (If yes, give wor or dote	es of service)	SECURITY NO.	16 D. II D. O.	11 7/00 -	D1 D1
1P	5 14 1		216-01-7976 CAUSE O		tto,5023 T	ramore Rd, Balto,M
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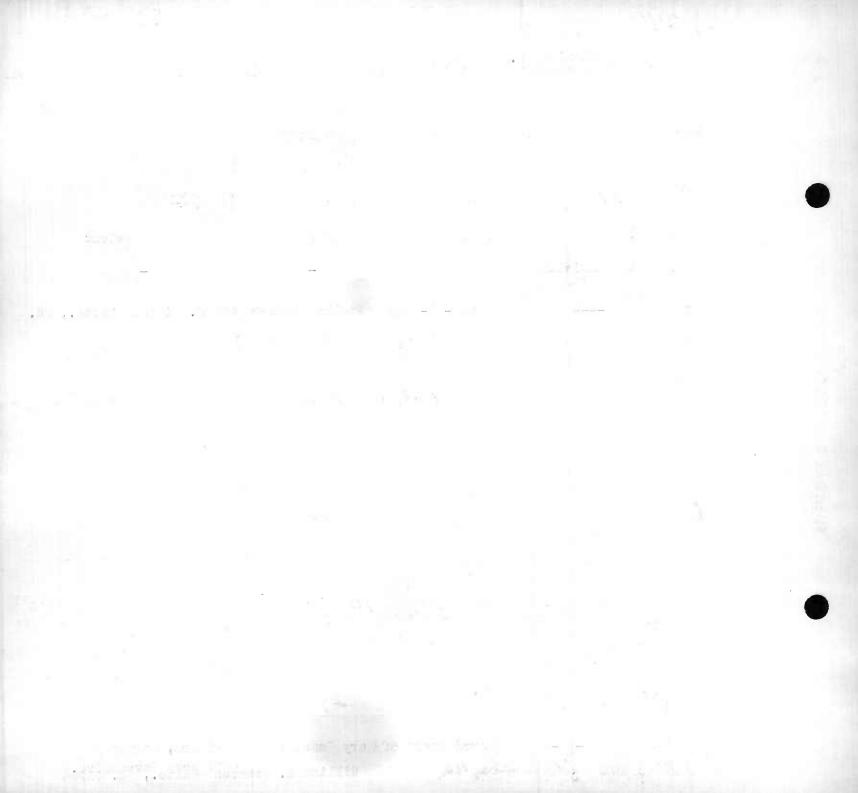
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FUNERAL DIRECTOR: IMPORTANT

1	4111	7		BALTIMORE CIT	Y HEALTH	DEPARTMENT		70	0000
BIRTH I		70	6087	CERTIFICA	ATE O	DEATH	REG. NO	7.0	608/
I.NAM	Print)	Atax I toning	XXXXXXX	skolowska	XX	2. DATE AN	D HOUR OF DEATH	フクムト	6:00
3. PLA	CE IN BALT	IMORE MARYLAND,	VHERE PRONO	UNCED DEAD	4. USUAT	RESIDENCE (Whe	re deceased lived, If i	nstitution; re	esidence before admiss
FULL N HOSPIT	AME OF	(IF NOT IN HOSPI' ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	C. CITY O	RIOWN	ID INS	IDE CITY LI	101
		VIEW N	IURSII	VO HOME	BI	140	D. 1143	YES 🗹	NO 🗍
	70				E. STREET	AND NUMBER	1000m	= //	54.
5. SEX		6. RACE	WIDOWED	NEVER MARRIED DIVORCED	8. DATE O	. 1890	9. AGE (In years lost birthday)	If Under Months	Days Hours Mi
done dur	JAL OCCU	PATION (Give kind of wor rarking life, even it retired)	108, KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHE	LACE IState or lare	gn country!	12. CITIZ	EN OF WHAT COU
	Housew		H	ome		oland		Po	land
	IER'S NAN				14. MOTH	ER'S MAIDEN NA	ME		
	Kostan	0				-		-	
(Yas,na	r unknawn)	Ever in U.S. Armod Fo Uf yes, give wor ar dot	cas? es af service)	1 6. SOCIAL SECURITY NO.	17. INFOR	THAN			ADDRESS
No		(all and any and		219-14-0009	Stell	la Dembeck	804 S. Mi	lton	Balto., Md.
18.	410	,91		CAUSE OF DEA	TH /	Λ .			APPROXIMATE INTERV
		OR CONDITION DE	RECTLY	Myoca	andia	In for	Nion	1	1
(Thi	s does no	t mean the mode of	dving. e.g.,	(A) IMMEDIATE CA	USE				Moure
hea	rt failure, c	isthenia, etc. It means dication which caused	the disease.	DUE TO, OR AS	A CONSEQU	ENCE OF:			
mjo		NTECEDENT CAUSES		n. to	- 00				-1
Dis				(B) CCC	USCHU	UNI		Р	every yn
nse	lo the	R CONDITIONS, if abave cause (A)	sloting the	DUE TO, OR A	S A CONSEQ	UENCE OF:			
UN	DERLYING	CONDITION last.		·(c)		*************			54004000000000000000000000000000000000
2		11							
P TO	HE DEATH	ANT CONDITIONS CO	NIRIBUTING HE TERMINAL					-	
<b>⋖</b>  DISE	ASE OR CO	NDITION GIVEN IN PAR	T I (A).	HICH OPERATION	[20 A. A.I	ITOPSY? (Yes at No	208 IF YES WEDE	FINDINGS	CONSIDERED
E /		WAS PER	ORMED			110	208. IF YES, WERE IN CERTIFYING CA	USES OF D	EATH?
OP (	AC CIDEN	WAS UNDERLYING	21B,	PLACE OF INJURY (e.g., form, factory, street, o	in or about 2	C. WHERE DID	(Il In Boltimor	e City, give	exoct location)
DEA.	TH (notify r	medical examiner	elc.)	s, tarm, tactory, street, a	mea bldg.	HURT OCCUR?			
O 210.	TIME	(Manth) 1Day) (Year)	(Hour) 21 E	INJURY OCCURRED	2	F. HOW DID INJ	JRY OCCUR?		
E (APP	NJURY ROXJ		Whil	e At Not Whi	le 🖂		uma s <del>s s s s s</del>		
		hea (1) (abt = 1 1	War		70	56 ,	. 76		
		hat (1) (this hospital					9 69 to 6	7	0 19.71
	-	ast saw the decease		6./0.	19	•	it in (my) (our) opi	nion death	accurred on the
and	hour and	from the causes stat	ed above. (I)	(We) (did) (did not)	view the bo	dy after death.			
234.	SIGNATUR	Con n	ME	1 4.D. AH	anding 🗀	Med -	SLE FA	23B, DATE	SIGNED
22.5	6-	Caswor.	9 (00	DEGREE Phy			Stoff Phys.	6.	12-70
230.	PHYSICIAN NAME (Typ	00)	LI	IN. 10	23D. ADDRE	SS A A	1 0	0	11
	E	E//SWOY	14 (	JOJC DEGREE	2	431 M	d. Ohe	Low	era Ma.
24A. BUI REA	NOVAL (Sp	ATION, 24B, DATE	24C. NA	ME of CEMETERY of CR	EMATORY	24D. LC	CATION (C	ty, tawn, at	countyl (State
	rial	6-13-7	0 800	ared Heart of	Mamr (	Semeter	Reltimore	Mamel	and
	TE REC'D	Y HEALTH DEST.	25B NAME O	F REGISTRAR	125C. FII	MERAL DIRECTOR	Baltimore.		ADDRESS
J	UN 16	الملاحية	E. Jabe	y Ka,	Wil:	liam E. Jo	hnson Balt	Raver	Blyd04
S 350-8	EV. 1/1/68							- , , , , ,	T



IMPORTANT

FUNERAL DIRECTOR:

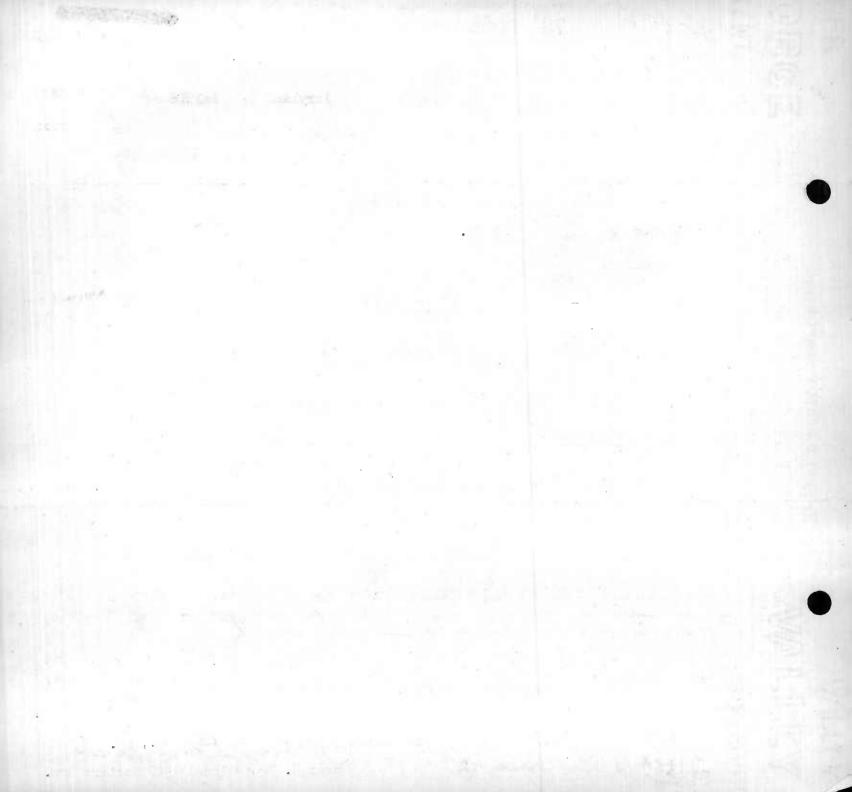
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BALTIMORE CITY HEALTH DEPARTMENT

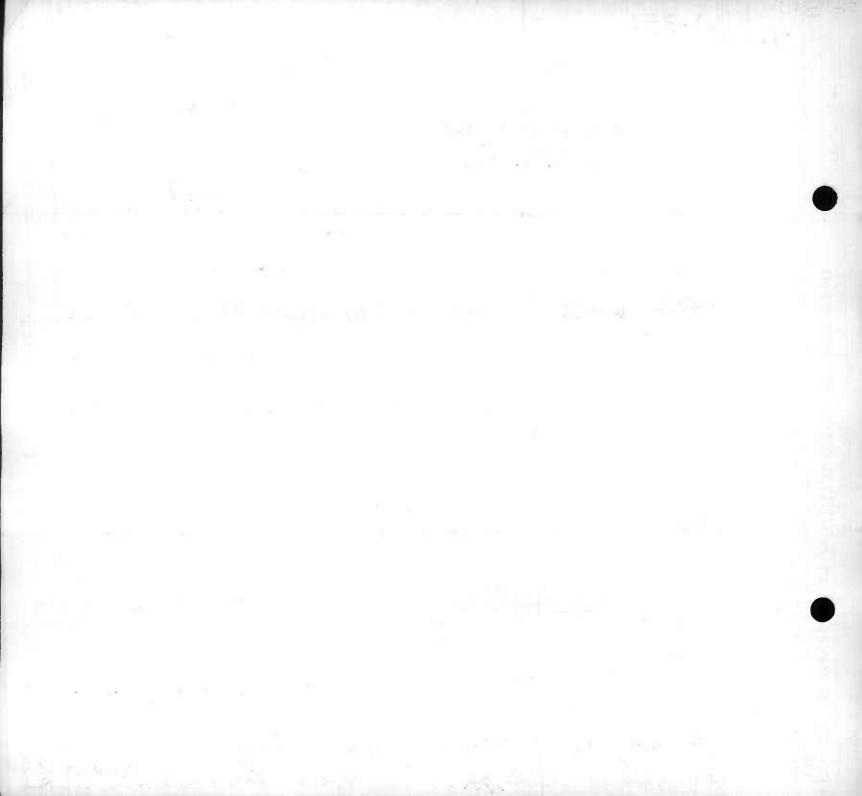
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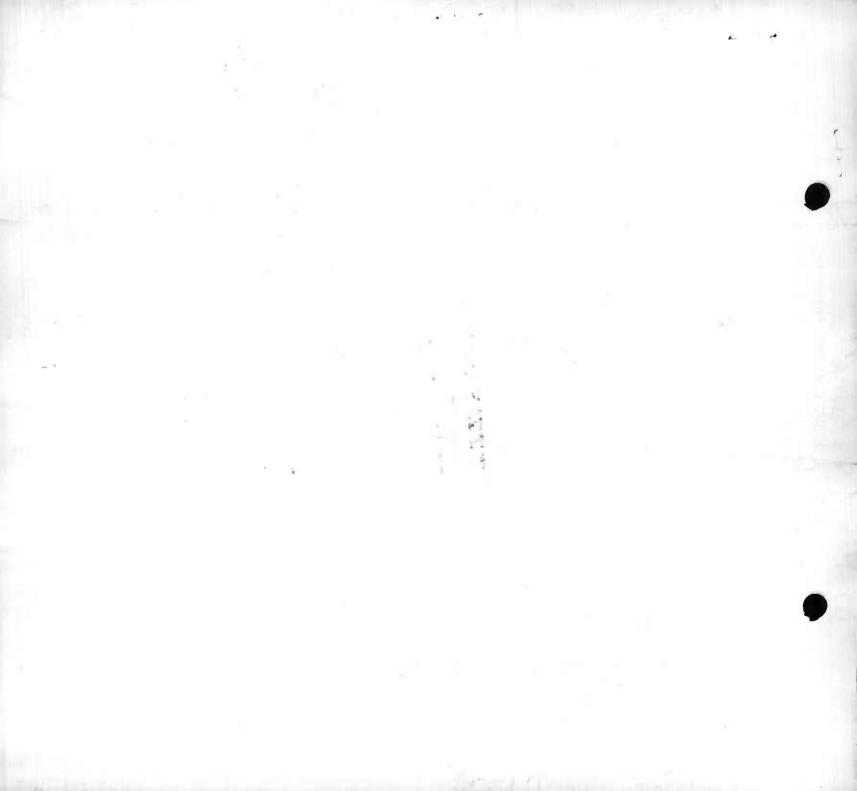
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If Under 24 Hrs.



ers, sells mayor are ers, sells THE THE THE 

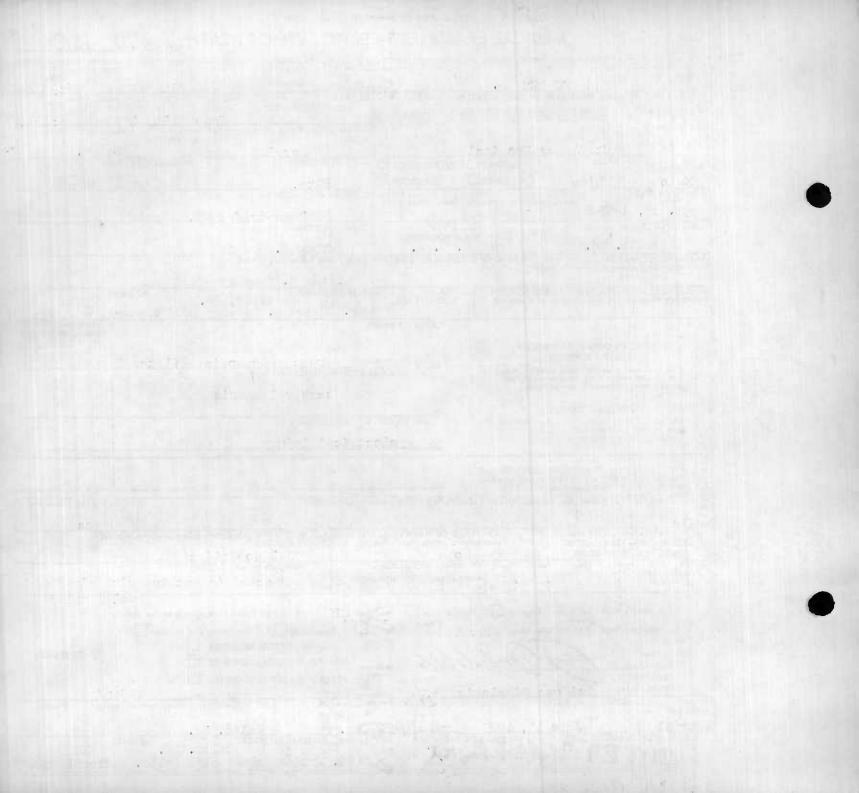




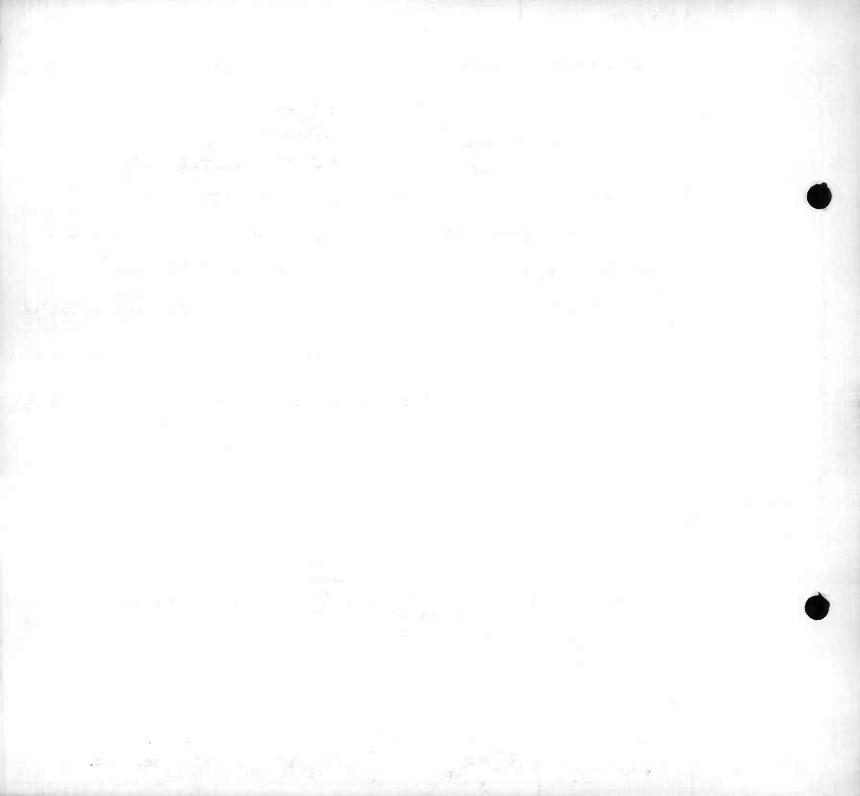
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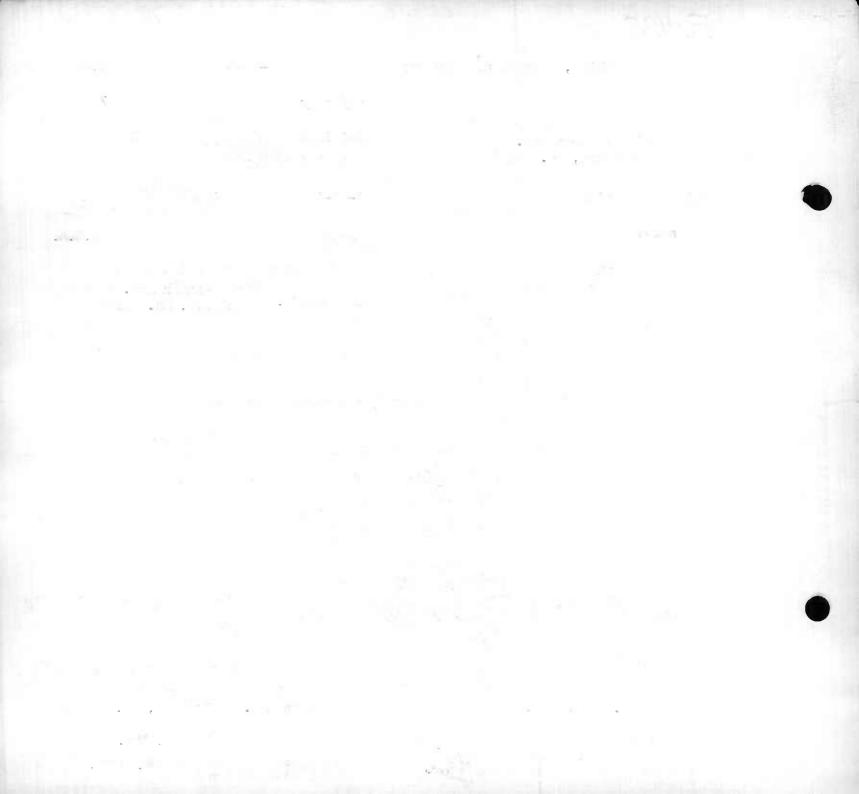
	HEALTH DEPARTMENT
S-360 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 6094
DIKITI NO.	REG. NO. TO DEG
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Day Year Hour
BRUCE SOUDER M.	DEATH Estimated 6 11 70 6:45 a.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour PRONOUNCED DEAD
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	Tune 11 "1970 6:45am
OK INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE B. COUNTY
St. Agnes Hospital	Maryland Balto.
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Balto. YES NO D
9. DATE OF BIRTH 10. AGE (In years   # Under 1 Yr. if Under 24 Hr	. IE. STREET AND NUMBER
Sept. 19, 1963 2 7	6502 Woodridge RdX Circle
11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF	13. FATHER'S NAME
Balto. Md. WHAT COUNTRY?	Edward M. Souder
14A.USUAL OCCUPATION (Give kind at work 14B. KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	RY 15. MOTHER'S MAIDEN NAME
	Linda C. Sweeney
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or dates of service)  SECURITY NO.	18. INFORMANT Westview, Md. ADDRESS 21228
	Mr. Edward M. Sweeney 5602 Woodbridge Circle
19. CAUSE OF DE	ATH  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	out the board
LEADING TO DEATH (A)IMMEDIATE	CAUSE Bronchopneumonia, bilateral and
this does not mean the made of dyling, e.g., heart loilure, asthenia, etc. it means the disease.	AS A CONSEQUENCE OF:
Injury or complication which coused death.)	cerebral anoxia
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	R AS A CONSEQUENCE OF:
Z UNDERLYING CONDITION LAST. (C) e1	ectrical injury
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	VAS PERFORMED   21. AUTOPSY? (Yes or No)
	ves
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 22B. PLACE OF INJURY (e.g. underlying for contrib.	., in or about 22C. WHERE DID (if in Baltimore City, give exact location)
UNDERLYING OR CONTRIB.  UNDERLYING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year) (Hour) 123E INVIEW OCCUPANTS	6502 Woodridge Rd.
OF INTIPRY	22F. HOW DID INJURY OCCUR?
(APPROX.) 6 6 70 ? m. WORK AT	Shocked in bathtub with plugged in
23.	walki talki
	utapsy XX and that on this basis, death in my opinion
resulted from: Natural causes Accident XX Suic	de Homicide Undetermined manner
ACTUAL DEPLACE	CHIEF MEDICAL EXAMINER
SIGNATURE / Milialands M	D. ASSISTANT MEDICAL EXAMINER XX
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Isidore Mihalakis, M.D.  24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETER	6/12/70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	ar CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial June 15, 1970 Loudon Par	
	k Cem. Balto. Md.
25A. DATE REC'D BY HEATH DEPL 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JUN 16 1910 Robert E. Jaben K.D.	



		- 70		BALTIMORE CITY	HEALTH DEPARTMENT				
BIRTH			6095		TE OF DEATH	REG. NO.	70	6095	5
	or Print)		iAW	CKER	2. DATE A	ND HOUR OF DEATH		08:2	00.
3. PLA	CE IN BALTI	MORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. If in	stitution; resid	dence before	admission
FULL HOSPI INSTIT	NAME OF	UF NOT IN HOSPI ADDRESS OR LOC	ITAL OR INSTIT	UTION, GIVE STREET	WARY LAN C. CITY OR TOWN	. 0	DE CITY LIMI	60	1
00	weau	HOME H	OSPITA	22	E. STREET AND NUMBER	R	YES	NO 🗌	
5. SEX	10			J		CASTLE	57.		
* 25 ×	1	RACE	WIDOWED	£ (	8. DATE OF BIRTH 9-22-1894	9. AGE (In years last birthday)	If Under 1 Months Do	Yr. If Under	ei 24 His Min.
10A. US	UAL OCCUP	ATION (Give kind of wo	rk 10B, KIND OF		11. BIRTHPLA CE (State or low	eign country)	12. CITIZEN	OF WHAT	COLINTE
2PET	iring most of wo	rking life, even if retired)	Local		HP617PN	•		-S.A.	
13. FAT	HER'S NAME				14. MOTHER'S MAIDEN NA	ME			
	6808		ICKER		SARAH	BATER			
5. Wor	or unknown!	rer in U.S. Armed Fo I yes, give war ar de	orcos? les of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	•	A	DDRES\$	
yе	2S	WW1-Army		ट्राइ ०५ मन्ने	HARBARET	apraien	200	U.CA	STEF
DII	art failure, as	mean the made a thenia, etc. It means cation which cause TECEDENT CAUSE CONDITIONS, if abave cause (A) CONDITION last.	s the disease, d death.) S any, giving stating the	(B) CA	SE CAPDIO-RE A CONSEQUENCE OF: A CONSEQUENCE OF:	sk. toline		24 4	
<  DIS	EASE OR CON	BUT NOT RELATED TO IDITION GIVEN IN PA PERATION 198, CON WAS PER	RT 1 (A).	HICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CO	NSIDERED	
U 21 A	ACCIDENT	WAS UNDERLYING	]  21B,	PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If In Boltimore			
Y DE	ATH Inotify m	NG CAUSE OF odical examiner	hometca	e, form, factory, street, all	ice bldg. INJURY OCCUR?	į, ii semierė	any, give o	toer rocorrolly	
₹ OF	PROX.)	Aonthi (Doy) (Year)		INJURY OCCURRED  Nat While At Work	21F. HOW DID INJ	URY OCCUR?			
		at (†) (this hospita st saw the deceas		0 0	DA	19 <del>40</del> ta <u>6</u> at in(m <del>y)</del> (aur) apin	ilan death c		the date
and	hour and fo	ram the causes sta	ited abave. (%)	(We) (did) ( <del>did not)</del> vi	ew the bady after death.				
	Abd		ad	DEGREE Phys.		Shaff Phys.	238, DATE S	14.19'	70
	PHYSICIANS NAME (Type A BDC	1) SAT	MAP	DEGREE	Church Hon	ne Hospitel	Bult	Sinner	123/
	DRIAL CREMA			ME of CEMETERY OF CRE			y, lown, or co	unty)	(Stole)
	Burial	6/17/	The second second	dens of Fai	th Ba	Ltimore, Mo	d.		
25A. D.	1 1 6 197	1 Jaber E.	Taiber 9	GISTRAR	Schimunek 3331 B	Funeral Hor rehms Lane	me, Ir	ADDRESS	



-03-36 JD	15 - 117 5 70 6096 4
5-6-5-6	BIRTH NO. 70-2074 TO 6096 CERTIFICATE OF DEATH
death death ceased on the	1. NAME OF DECEASED Bryan K.  (Type or Pant)  Elkins, BakyxBrendaxBoxxSue  2. Date and Hour of Death 6-14-70 1:45 P
M	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission A. STATE 8. COUNTY
hos Use (5) and de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET Maryland 2634
	Baltimore City hospitals
d ing ing cau	3   4940 Eastern Ave.  Baltimore, Md. 21224   Baltimore   YESE   NO      E. STREET AND NUMBER   931 Alricks Way
F 3 0 0	5. SEX   6. RACE   7. MARRIED   NIEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   1/2 linder ) To 1/2 linder 24 Mar
occurre ontribut ermined regular eased p	Male White WIDOWED DIVORCED 6-11-70   lost birthday   Months Doys Hours Min.
4 0 5 5 6	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY  13. COUNTRY  14. COUNTRY  15. COUNTRY  16. COUNTRY  17. COUNTRY  18. COUNTRY  19. COUNTRY  19. COUNTRY  19. COUNTRY  10. COUNTRY  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY  13. COUNTRY  14. COUNTRY  15. COUNTRY  16. COUNTRY  17. COUNTRY  18. COUNTRY  18. COUNTRY  19. COU
de d	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
nt if deadirect or the was in the dispositi	Unk Brenda Sue Elkins
A para	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor at dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT 4940 Eastern Ave. ADDRESS BCH Records: Baltimore, Md. 21224
IMPORT or his assis Also, if the of any kin ounced du trendance	18. 7 7 3 . O APPROXIMATE INTERVAL
chief medical examiner of y a medical examiner. I y a medical examiner. I he physician was in regular or the remains are embalin	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., head failure, osthenio, etc. It means the disease, injury or complication which caused death,)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last.  (B) DISEASE OF CONDITIONS (CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  130 ADATE OF OPERATION 198. CONDITION FOR WHICH OPERATION Yes  21A. ACCIDENT WAS UNDERLYING 1 1218. PLACE OF INJURY (F. I. in at about 21C WHERE DID.  21A. ACCIDENT WAS UNDERLYING 1 1218. PLACE OF INJURY (F. II. in at about 21C WHERE DID.  21A. ACCIDENT WAS UNDERLYING 1 1218. PLACE OF INJURY (F. II. in at about 21C WHERE DID.  21A. ACCIDENT WAS UNDERLYING 1 1218. PLACE OF INJURY (F. II. in at about 21C WHERE DID.
FU by the c ital by e; (2) E vhere t No phy before	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURT (e.g., in or obout 21C. WHERE DID home, form, foctory, street, affice bldg., INJURT OCCUR?  EATH (notify medical examiner)   21B. PLACE OF INJURT (e.g., in or obout 21C. WHERE DID home, form, foctory, street, affice bldg., INJURT OCCUR?
oved by the hospital contrue; cept when the hospital contrue; cept when the hospital contrues the hospital contract the hospital con	21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURT OCCURRED 21F. HOW DID INJURT OCCUR? While At Work At Wark
Par y x p do	22. I certify that W (this hospital) attended the deceased from JUNE 11 19 20 to 10/18 14 19 70
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	that (I) (we) lost sow the deceased alive an JUNE 14 19 70 and that In (wr) (our) opinion death accurred on the date
sed to sell to	and hour and from the couses stated obove. (M' (We) (did) (did not) view the bady after death.
der der de mu	23 B. DATE SIGNED
2 - C - C - C - C - C - C - C - C - C -	Attending   Med.   Staff   WWE 14 70
rificate y was r y was r (1) An a c. A. at c d prior approv	23C. PHTSICIAN'S NAME (Type)  G. Greene MD.  23D. ADDRESS Baltimore City Hospitals 4940 Eastern Ave. Baltimore, Md. 21224
ad A D a	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City form)
body ws: ( D.O ease	Burial 6/16/70 Gardens of Faith Baltimore, Md.
This cert the bod shows: ( was D.C decease written	JUN 16 10 Jobes E. Jaken 12 25c. FUNERAL DIRECTOR Schimunek Funeral Home, Inchress 3331 Brehms Lane
1	VS 150-REV. 1/1/68



70 6097 BALTIMORE CITY HE	ALTH DEPARTMENT							
K-450 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 70 6097							
NAME OF DECEASED WILLIAM Thomas (Type or Print) WILLIAM T. KLEMM	2. DATE Known Month Doy Yeor Hour OF DEATH Estimoted Month Doy Yeor Hour							
ULL TANK OF THE NOAM HOS BALL OF MENT IN ON SHELD	3. DATE Month Doy Year Hour 12:35 A.							
7-20-70 4629 Bowley Lane	S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY							
S. SEX 7. RACE B. MARRIED NEVER MARRIED MIDOWED DIVORCED	C. CITY OR TOWN  Baltimore  D. INSIDE CITY LIMITS?  YES NO							
	E. STREET AND NUMBER 4629 Bowley Lane							
I. BIRTHPLACE(Sloie or foreign country)  Baltimore, Md.  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Christopher Klemm							
4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY one during most of working life, even il retired)								
6. WAS DECEASED EVER IN U.S. ARMED FORCES? (*es, no or unknown)(II yes, give wor or doles of service)  Ves  Navy  213-09-4302	18. INFORMANT ADDRESS Helen Simmons Klemm, wife, above							
19. CAUSE OF DEAT	TH APPROXIMATE INTERVAL							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart lailure, osthenio, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)							
S 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	In or obout 22C. WHERE DID (if in Baltimore City, give exact location)							
UNDERLYING OR CONTRIB- home, farm, factory, street, office UTING CAUSE OF DEATH.	bidg., etc.) INJURY OCCUR?							
m. WORK AT WO	22F. HOW DID INJURY OCCUR? WHILE ORK							
	opsy and that on this basis, death in my opinion							
resulted from: Natural causes Accident Suicide	e							
ACTUAL SIGNATURE WILL MAD MAD	ASSISTANT MEDICAL EXAMINER X							
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER   6/13/70							
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY CREMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (State)							
Burial 6/16/70 Baltimore N	National Cem. Baltimore, Md.							
UN 16 NN Pale C. Jaban KA	25C. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc. 3331, Brehms Lane							
S 151-REV. 1/1/68	J JJJI, Brennis Lane							

Deceased

(5)

cause;

contributi

5

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fracture

IMPORTANT

DIRECTOR:

FUNERAL

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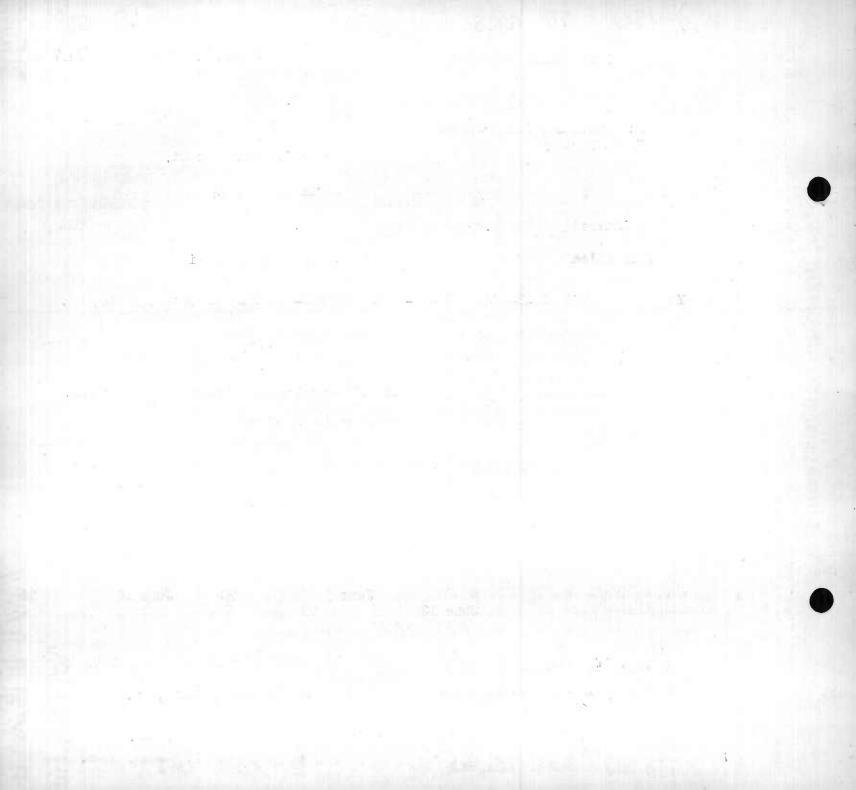
hospita

of

accident

shows:

cause



11 126			BALTIMORE CITY	HEALTH DEPARTME	NT	la e
BIRTH NO.	70 6	099	CERTIFICA	TE OF DEAT	TH REG. NO	70 6099
I.NAME OF DECEASED Type or Printl		-		2. DA	TE AND HOUR OF DEATH	
	HART, G				6/12/70	1 11:34 M
FULL NAME OF THE HOSPITAL OR ADD	NOT IN HOSPITAL O	R INSTITUTION	N, GIVE STREET	MARYLAND	508 N.	nstitution: residence before admission) Bouldin St. 26/6
INSTITUTION HOUSE	IN THE PI	NES - I	BELVEDERE	C. CITY OR TOWN	D. IN:	SIDE CITY LIMITS?
	W. BELVEDE MORE, MARY			E. STREET AND NUM		YES V NO
6. SEX 6. RACE	17		a 26.		uldin Street	21205
M	V wii	DOWED	DIVORCED	9-15-1894 11-15-1894	9. AGE (In years last birthday)	II Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
IOA, USUAL OCCUPATION (	Give kind of work 10B,	KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (State	at fareign country)	12. CITIZEN OF WHAT COUNTRY
		mbox C	ommowac D	7 2 -	24.7	
Ret. Mainter 3. FATHER'S NAME	rance-che	moer C	ommerce B	14. MOTHER'S MAIDE	Md.	
Mario	on Hart				ia Corkran	
			THE HOLE		COLKIAN	
S. Was Deceased Ever in U Tes,na ar unknawn) (11 yes, g	ive war ar dates of s		SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no		2.2-	-07-1681	Mrs. Anna	Kammerer Ha	rt, wife, above
18.			CAUSE OF DEATH	-4.	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IThis does not mean heart failure, asthenia, injury ar campticalian	etc. II means the owhich caused death ENT CAUSES DITIONS, if any, cause (A) static	disease,	(B) Jenu	SE A CONSEQUENCE OF:  A CONSEQUENCE OF:	trujter lever	***************************************
Z OTUST SIGNUSIGANT CO	11		0.1	1	1	
OTHER SIGNIFICANT CO	TRELATED TO THE TER	MINAL	Clitera	Gerore CVI	)	
OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION 19A. DATE OF OPERATION	GIVEN IN PART 1 (A	). N FOR WHIC	H OPERATION	20 A. AUTOPST? (Yes	or No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS U	INDERLYING	21B. PLAC	CE OF INTURY (e.g., in	at about 21 C. WHERE I	DID Its to Reliance	o Che also and laster
21A. ACCIDENT WAS USED OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTR	CAUSE OF	hame, far etc.)	m, factory, street, aff	ice bldg., INJURY OCC	UR?	re City, give exact lacation)
21D.TIME (Manth) OF INJURY (APPROX.)	(Day) (Year) (Har	While At	JRY OCCURRED  Not While At Wark		D INJURY OCCUR?	1
22. I certify that (1) (	this hospital) atte	ended the de	ceased from	1960	19 to	6/2 19/0
that (1) (we) last saw			6/11	19 70 .	nd that in (my) (aur) opi	nian death accurred an the date
and have and fram the	dauses stated at	ave. (1) (We	e) (did) (did nat) vi	ew the bady after de	eath.	
23A. SIGNATURE	Hanter a	Puller	Atten Phys.	ding Med.	Staff Phys.	23B. DATE SIGNED
23C.PHTSICIAN'S NAME (Type)	40166/ M	LLER		GIU D.	Charles So	
REMOVAL (Specify)	24B. DATE		OF CEMETERT OF CRE			ity, tawn, ar county) (State)
Burial	6/15/70		kwood Ceme		Baltimore,	
JUN 16 1970	Tabers 8.58	abby K	TRAR	Schimune 3331	cror K Funeral Ho Brehms Lane	me, Inc.

IMPORTANT

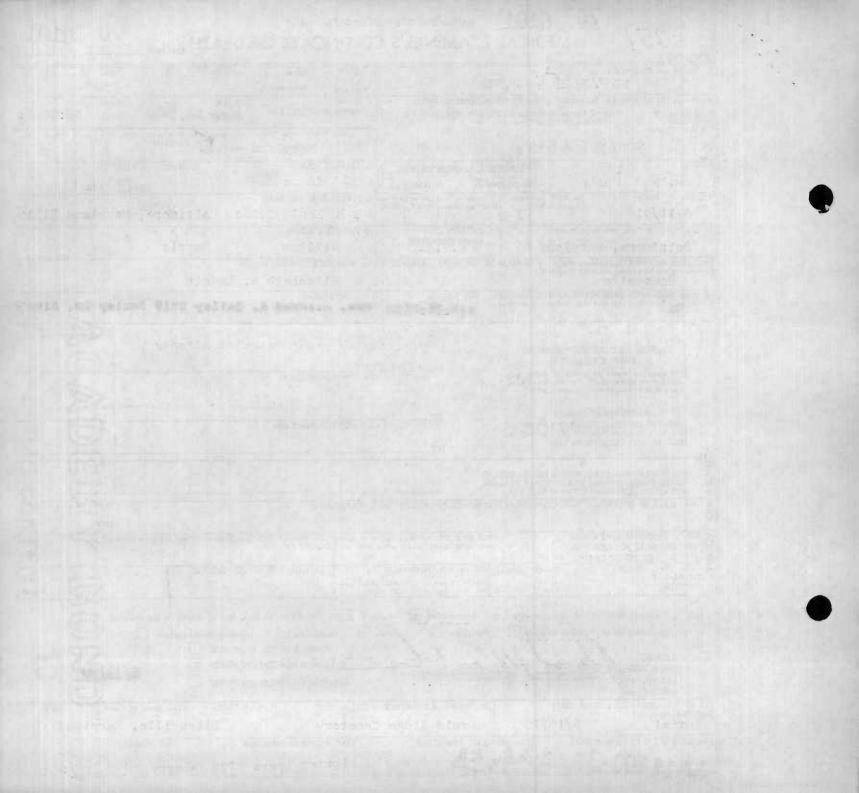
DIRECTOR:

FUNERAL

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- Jun 13 Jun 13 Jun 13 70 Jun 13 70 Jun 13 70 Mar 1415/70 10115/70 1011/70 MAN VET / FUIN MO 6101 PARK HATS HUE, BALTA MO 21215

FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)						PRONOUNCED DE	Julie	≥ 13,1970	110:20	M.
OR INSTITUTION						II A CTATE		d lived. If institution B. COUNTY	residence before admission	on)
4 55		+10 Mei	nlo Dri			Maryi	land		114	0
6. SE	_				IED NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CI	TY LIMITS?	
	emale	White	110 405 (1	WIDOW		Baltimore	0.50	YE	S NO	
	6/11/91		10. AGE (In lost birthday	yeors	If Under 1 Yr, If Under 24 Hrs. Months: Doys   Hours   Min.			Dallatonom.	Manual 1 011	215
	RTHPLACE (Sto	ata an fasala			10 CITIZENI CE	3410 Menlo	Drive	Baltimore,	Maryland 21	210
					12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME		Morris		
	Baltimon			48 KIND	OF BUSINESS OR INDUSTR	William	NI NIAME	MOTTIS		
ione d	Houses Houses	wife, ever	en if refired)				th A. Lo	vett		
ó. W Yes, n	AS DECEASED NO OF UNKNOWN)	D EVER IN I	U.S. ARMED	FORCES f service	17. SOCIAL SECURITY NO. 214-24-8400	Mrs. Mildred	i A. Bai		Poxley Rd. 21	093
19	. // /	2	,		CAUSE OF DEA	TH			APPROXIMATE INTE	
	DISEASE	OR COND	ITION DIREC	TLY	Hyperte	nsive cardiov	ascular	disease	DELIVERY ONSET AND	DEATH
	LE	EADING TO	DEATH		(A)IMMEDIATE C	AUSE				
	(This does not heart foilure, a injury or comp	meon the osthenio, etc.	mode of dyl	ng, e.g., disease,		AS A CONSEQUENCE OF:				
	injury or comp	olicotion whic	h coused dea	th.)						
	ANI									
	DISEASES OF RISE TO THE UNDERLYING	AROVE CAL	ONS, IF ANY,	GIVING	DUE TO, OR	AS A CONSEQUENCE OF				
2	UNDERLYING	CONDITI	ON LAST.	INO IIIL	(c)					
라			11							
FICATION	OTHER SIGNIF	FICANT CON	RELATED TO	HE TERMI	ING NAL					
CERT 20					FOR WHICH OPERATION W	AS PERFORMED			21. AUTOPSY? (Yes or I	No)
	1								no	
15		AL CAUSE			228. PLACE OF INJURY(e.g.,	in or obout 22C. WHERE	DID (If in Bolti	more City, give exo	ct locotion)	-
	JNDERLYING[ JTING [] CAU				home, farm, loctory, street, olfic	bldg., etc.) INJURY OCC	CUR?			
≥ 2	2D. TIME (M		oy) (Yeor)	(Hour	) 22E.INJURY OCCURRED	22F. HOW D	ID INJURY OF	CCUR?		
	FINJURY APPROX.)				m. WHILE AT NOT AT W	WHILE				
23	3.				III., WORK AT W	OKK LI				
	1 certif	y that I he	eld on In	quiry [	Inspection X Au	topsy 🔲 and that	t on this basi	is, death in my	aplnion	
	resulte	d from: N	otyral caus	es X	Accident Suicid	e Homicide	Undeter	mined manner		
		1		191	1/1/	CHIEF MED	ICAL EXAMINE	R 🗌	DATE CIONE	
	SIGNATUR	RE_//	wy	11	Continue	ASSISTANT MED	ICAL EXAMINE	R 🗵	DATE SIGNE	D
	EXAMINER	R'S R	onald	N. Ko	rnblum, M.D.	ASSOCIATE MED	ICAL EXAMINE	R 🔲	6/13/70	
244	NAME (Ty		10 DATE							
REMO	BURIAL CREMA OVAL (Specify)	Allon, 2	4B. DATE		24C. NAME of CEMETERY		24D. LOCATIO		or county) (Stote)	
В	urial		6/16/	70	Druid Ridge	Cemetery		Pikesville	, Maryland	
25 A.	DATE REC'D B		_	25B. N.	AME OF REGISTRAR	25C. FUNERAL D	IRECTOR	AC	DDRESS 01/33	
11	IN 1 C 10	170	Bert En	Mark	w RA	Loring Bu	Ters 872	2 r harr	Di Di Mir	
15 15	1. NEV, 7/1/68			1			012	o l'ineifa	Rd. Randa Co To	1
										L



03	-	0 7	0 01	BALTIMORE CITY	HEALTH DEPARTMENT		10	6102
10.	-50	0	o or	CERTIFICA	TE OF DEATH	REG. NO		0405
BIRTH NO	O. OF DECE	ASED				AND HOUR OF DEATH		
(Type or I			M SCHAEN		JUNE	13, 1970		2:15 A.M.
3. PLACE	IN BALT	IMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (WA. STATE B. COL	here deceosed lived. If in JNTY	stitution: re	sidence before odmission)
FULL NA HOSPITA INSTITUT	LOR	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	MARY LAND	D. INS	IDE CITY LI	/30/ MITS?
1		ONVALESCENT I	HOME		BALTIMORE E. STREET AND NUMBER		YES _	NO 🗌
90	9				TEMPLE GARDE	V APTS. APT.	1208	
S. SEX		6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under Months	1 Yr. If Under 24 Hrs. Doys Hours Min.
MAL	E	WHITE	WIDOWED			lost birthdoy)	TVIOTITIS:	Doy's Hours 14th.
IOA. USU	AL OCCU	PATION (Give kind of work	108. KIND OF	BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or fo	oreign country)	12. CITIZ	EN OF WHAT COUNTRY?
ME	RCHAI		RETA	IL	BROOKLYN, NE	W YORK		USA
13. FATHI	ER'S NAA				14. MOTHER'S MAIDEN N	AME		
?		SCHAEN			UNKNOWN			
15. Was (Yes, no or	unknown)	Ever in U. S. Armed For (1f yes, give wor or dote	ces? es of service)	16. SOCIAL SECURITY NO.	MRS. REBA SCH			APTS., APT. 1208
18.	11	2 641		CAUSE OF DEAT		ALN. ZOUT MAL		APPROXIMATE INTERVAL
7	DISEAS	E OR CONDITION DI	RECTLY		18		В	BETWEEN ONSET AND DEATH
		LEADING TO DEATH		(A)IMMEDIATE CAL	ISE Culture a	west		Judden
		ol mean the made of asthenia, etc. It means		DUE TO, OR AS	A CONSEQUENCE OF:			
		plication which caused		1	10 SCLEROTIC TILSEASE A CONSEQUENCE OF:	CLENIO-V	ASC.	7
	A	NTECEDENT CAUSES		(B) ARTER	TOSCLEROTIC	Chapte		
DISE	ASES O	R CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
		abave cause (A)	stating the	10 CVA-	Right Aid	e paraly si	1.	5 mo.
3				(C)		^		
≓ to t	HE DEAT	II CANT CONDITIONS CO BUT NOT RELATED TO T	HE TERMINAL	Termi	val Belite	ial Phemo	riege.	week.
O 19A.		OPERATION 198. CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE	FINDINGS	CONSIDERED
19A.		WAS PER	FORMED		No	IN CERTIFYING CA	USES OF E	DEATH?
F DEAT	ACCIDEN CONTRIBUTH (notify	TING CAUSE OF	21B. hom etc.)	PLACE OF INJURY (e.g., i e, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(If In Boltimo	re City, give	e exact location)
21D. OF IT		(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
E OF IN	NJURY ROX.)		Whi	le At Not Whil	le 🖳			
			Wor		1-	10 70 ta /	1/12	1970
		that (I) (this hospita last sow the deceose		e deceased from	19 70 ond	.,,	inion deor	th occurred on the dote
ond	hour ond	from the couses sto	ted obove. (I	(We) (did) (did not)	view the body ofter deot	h.		
23A.	23A. SIGNATURE)							
		trep 8.1	Hum	DEGREE Phy	ending Med. Director	Staff Phys.	6	13/70.
23C.	PHYSICIA	N'S			23D. ADDRESS		-	
	J,	JOSEPH	BLUM	PD. DEGREE	1115 N. CALV	ERT STREET		
		MATION, 248. DATE	24C. NA	ME of CEMETERY OF CR	EMATORY 24D.	LOCATION (C	ity, town, o	or county) (Stote)
	RIAL	6-14-7	O RA	LTIMORE HEBRE	=(r) E	ALTIMODE MA	DVIANT	
2SA. DA		BY HEALTH DEPT.	25B, NAME C		25C. FUNERAL DIRECT	SALTIMORE, MA	NY LAWL	ADDRESS
. 14.	IN 1 G	1970 Robert	E Jaka	AM			O REIS	STERSTOWN ROAD
2/5 150 D	EV 1/1/4	010 3.0000						

## 2601 Madison Ave.

THE TRANSPORT OF THE PARTY OF THE PARTY.

K-30	00	70	6103 CERTIFICA	HEALTH DEPARTMENT	X REG. NO.	70 6103
BIRTH NO.  1. NAME OF DE (Type or Print)		YALE arry Kitt	OLO CERTIFICA	2. DATE	AND HOUR OF DEATH	2:45 p
3. PLACE IN BA		11	PRONOUNCED DEAD	-/	/ -	
SA TEACE IN SA	THINOKE MA	KILAND, WHERE	PRONOUNCED DEAD	A. STATE B. COL	here deceased lived. If in JNTY	stitution; residence before odmissio
FULL NAME OF		IN HOSPITAL OR	INSTITUTION, GIVE STREET	MARYLAND	BAILD.	531
NOITUTITENI	Nobines	OR LOCKHOIN		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
27	Mercy	Hospital,	Tnc.	BALTIMORE		YES NO
0/		nos prour,	2.110	E. STREET AND NUMBER	1220 0110-	
5. SEX	6. RACE	12	640	38 D WYNDN		#21207
MALE	WHITE	WID	RRIED NEVER MARRIED DIVORCED DIVORCED	JULY 9, 1898	9. AGE (In years lost birthday) 71%	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
10A. USUAL OCC done during most of	UPATION (Give	kind of work 10B, K	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State of fo	reign country)	12. CITIZEN OF WHAT COUNT
PROPRIE			SED CARS	DUCCTA		110.4
13. FATHER'S NA			SLV CARS	RUSSIA 14. MOTHER'S MAIDEN N.	AME	USA
MEYER K	777					
5. Was Deceased		Amnad Farrage	11.6 (0.01.1)	GOLDIE RAPPA	PUKI	
Yos, no or unknow	(If yos, give	wor or doles of se	SECURITY NO.	17. INFORMANT		ADDRESS
NO			218-12-2576	MRS. IDA KITT.	38 D. WYNDMI	OOR PLACE #21207
18.	3.(3)		CAUSE OF DEAT	ut .		
DISEA	SE OR COND	ITION DIRECTLY	,	Recurrent Con Metas	of Symbol	BETWEEN ONSET AND DEA
484	LEADING TO	DEATH mode of dying	(A)IMMEDIATE CAL	ISE metas	tasis 1	3
DISEASES of	ANTECEDENT OR CONDITION OF OBOVE CONDITION OF CONDITION	ONS, if any,	giving (B)—DUE TO, OR AS	A CONSEQUENCE OF: : wheth of 12	le liver	
TO THE DEA	TH BUT NOT RE	TIONS CONTRIBULATED TO THE TERM /EN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPST? (Yes or h	(o) 208. IF YES, WERE E	INDINGS CONSIDERED
		WAS PERFORME		No	IN CERTIFYING CAL	JSES OF DEATH?
. OR CONTRIBI	NT WAS UND	ERLYING SE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimore	City, give exact location)
O 21D. TIME	(Month) IDo	y) (Year) (Hou	21E INJURY OCCURRED	21F. HOW DID IN	Illay Occiles	
(APPROX.)			While At Not While Work At Work		JORI OCCOR!	
22. I certify	that (1) (this	hospital) atter	ded the deceased from	5-29	19 20 to 5 -	- 11 1920
		deceased ally		19 50 and t	las la (mu) (aux) auta	
1			~			alon death occurred on the da
23A. SIGNATU	o from the ca	Uses stated abo	ve. (1) (We) (did) (did not) v	lew the body after deoth.		
7	Fung-	jen ,	The Manager Affer Physics	nding Med.	Staff Phys.	BULL SIGNED
23C. PHYSICIA NAME (1	ypo)	0		3D. ADDRESS		2
1 tu		N Fu	14.0	Mercy	Hospital	
4A. BURIAL CRE	MATION 24B	DATE	4C. NAME of CEMETERY OF CRE		LOCATION ICII	y, town, or county) (State)
BURIAL	1	1	and the second second			
		-14-70	BNAT ISRAEL			YLAND
11181 4 6				25C. FUNERAL DIRECTO		ADDRESS
JUN 16	170 AC	Bert E Ja	Ber M.D.	PUL LEVINSON	& BKUS. 6010	REISTERSTOWN ROAT

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ATTER EXAMPLE MATERIAL

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BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT DIRECTOR: FUNERAL

150-REV. 1/1/6B

D. INSIDE CITY LIMITS? YES Y NO IMBERLANE RD If Under 24 Hrs. If Under 1 Yr. Manths: Days Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS MR. HOWARD WEINBERG. 6803 TIMBERLANE ROAD BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or Nol 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact lacation) and that in(my) (aur) opinion death occurred on the date 23B. DATE SIGNED (City, town, or county) ADDRESS SOL LEVINSON & BROS. . 6010 REISTERSTOWN ROAD

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Tou	1 70	0405	BALTIMORE CITY	HEALTH DEPARTMENT		70 6105
BIRTH NO.	7	6105	CERTIFICA	TE OF DEATH	REG. NO	0.200
NAME OF DECE	ASED			2. DATE	AND HOUR OF DEATH	
Type or Print)	SERTRUDE ISRA	EL		JUNE	12, 1970	4 P.
B. PLACE IN BALT	IMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If i	nstitution: residence before odmissio
ULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	MARY LAND	D. INS	SIDE CITY LIMITS?
	ISHAW AVENUE			BALTIMORE E. STREET AND NUMBER		YES NO
50			53500	4109 KENSHAU	V AVENUE #2	21215
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
FEMALE	WHITE	WIDOWED	DIVORCED _	MARCH 1, 1888		
		10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNT
HOUSE		AT H	IOME	GERMANY		USA
B. FATHER'S NAM	NE.			14. MOTHER'S MAIDEN N		
ALBERT	ISRAEL			RASA STRASSA	IAN	
. Wos Deceosed	Ever in U. S. Armed For	rces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	, , , , , , , , , , , , , , , , , , , ,		NO NO.	MISS URSULA IS	SPAFI AINO P	CENSHAW AVENUE #15
1B. 7	5.51		CAUSE OF DEAT		7107 N	APPROXIMATE INTERVAL
1 0x	E OR CONDITION DI	DECTIV			11 .1.7	BETWEEN ONSET AND DEA
	LEADING TO DEATH	KECILY		Congestion	Heart Da	leye (9V
	of Mean the mode of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	71 - 7	
hearl foilure,	osthenio, etc. Il meons	the diseose		A CONSEQUENCE OF.	- ^	
	plicolion which coused		(8.	lerioclesofie	Q1/A100	Sun
P	INTECEDENT CAUSES		(B)		0,000	24 290
	R CONDITIONS, il			CONSEQUENCE OF:		2 44
	above cause (A) CONDITION lost.	siding ine	(c).	Habiles 1	nelletus	295
	11		(0),			
OTHER SIGNIE	CANT CONDITIONS CO	NTRIBUTING				
TO THE DEATH	H BUT NOT RELATED TO T	HE TERMINAL			••••	
19A. DATE OF	OPERATION 198 CON	IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE	FINDINGS CONSIDERED
	WAS PER				IN CERTIFYING CA	AUSES OF DEATH?
21 A. ACCIDEN	TING CAUSE OF	218	B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimo	re City, give exact location)
OR CONTRIBU	TING CAUSE OF	hor	ne, form, factory, street, o	fice bldg., INJURY OCCUR?	(	
DEATH (Hollty						
21D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
(APPROX.)		Wi	nile At Not Whill	e 🗌		1 1
22 1 25-1:5	that (1) (this haspita			1958	19 to C	1/12-/70 19
			////			1. 1.0
that (I) (we)	last saw the decease	ed alive an.	0/12/10	19and	that in (my) (aur) ap	Inian death accurred on the d
and haur and	from the causes sta	ted abave. (	1) (We) (did) (d <del>id not</del> ) v	riew the bady after death	h•	
23A. SIGNATO	RE	20/	500			238. DATE SIGNED
1	Leverd /a	11/LA	Celins MATHE	mding Med.	Staff Phys.	6/13/70
23 C. PHYSICIAL	N'S	, ,	OEGREE	23D. ADDRESS	111/31	
NAME (Ty	nel	ARD KAL	ITNS	6000 PARK HET	IGHTS AVENUE	
			DEGREE			
4A. BURIAL CREA	AATION, 248. DATE	24C. N	AME of CEMETERY OF CR	EM ATORY 24D.	LOCATION	City, town, or county) (State
BURTAI		70 01	LEUDA AHAUAC C	HESED 1	RANDALLSTOWN,	MARVIAND
5A. DATE REC'D		250 NAME	CEURA AHAVAS C	25C. FUNERAL DIRECT	OR OR	ADDRESS
JUN 16 1	Jaben E	- Van Den	MA			10 REISTERSTOWN, RO
001120						
S 150-REV. 1/1/6	В					

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (b) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed of titlal disposition is made.	2 2

G-632 70 6106 BALTIMORE CITY HEALTH DEPARTMENT X REG NO 70 6	100							
BIRTH NO. CERTIFICATE OF DEATH	106							
1. NAME OF DECEASED (Type or Print) To Contact	, 30							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROPOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence	A N							
A. STATE B. COUNTY	perole damission							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  ID. INSIDE CITY LIMITS?	530							
- 1 1 M D. // a								
Sindi Hospiril of Baltmore YES A N	10 📗							
Pleasport Marce NURSING &	lone							
Male CRACE NARRIED NEVER MARRIED 18. DAYE OF BIRTH 19. AGE (In years lift under 1 Yr. WIDOWED) DIVORCED 16. 15 86 83	If Under 24 His lours Min.							
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF V	VHAT COUNTR							
RETIRED TAILOR RUSSIA USA								
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME								
SIMON GERTZ GOLDIE ?								
5. Wos Doceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRES	S							
NO MR. RUBIN GERTZ. 6607 PARK HEIGHTS A	VE. #211							
18. CAUSE OF DEATH APPROX	MATE INTERVAL							
DISEASE OR CONDITION DIRECTLY								
LEADING TO DEATH								
(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,								
injury ar camplication which caused death.)								
ANTECEDENT CAUSES HC (1/1)								
DISEASES OR CONDITIONS, il any, giving  (B)  DUE TO, OR AS A CONSEQUENCE OF:	************							
rise to the above cause (A) stating the								
UNDERLYING CONDITION last. (C)								
z								
TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
FIDISFASE OF CONDITION GIVEN IN PART 1 (A)	EDEO							
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?	EKED							
U 218. ACCIDENT WAS UNDERLYING   218. PLACE OF INJURY (e.g., In or about 21 C. WHERE DID (If in Boltimore City, give exect los	cotion							
OR CONTRIBUTING CAUSE OF hame, form, factory, street, affice bldg., INJURY OCCUR?	.viion)							
5 - Walter Constitution								
21D. TIME (Month) (Doy) (Yoor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?								
(APPROX.)  White At Work  Not While C								
22. I certify that (1) (this hospital) attended the deceosed from 12 JUNE 19 20 to 13 JUNE 19 20								
The sales of the sales								
and hour and from the causes stated above. (We) (did) (1) view the body ofter death.  23A. SIGNATURE								
Attending Med. Stuff 12 14 TUAL	Flo							
DEGREE Phys. Director Phys.	- 17/1							
MORRIS OSTEGE UD 23D. ADDRESS SINGS HOSPITAL OF BOLD	Finere							
AA. BURIAL CREMATION, 24B. DATE / 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)	(Stote)							
BURIAL 6-14-70 BETH TFILOH BALTIMORE, MARYLAND								
JUN 16 1970 TOBER HAMP OF PROSTRAR SOL LEVINSON & BROS., 6010 REISTERS	FOWN ROA							

3301 Janellen 12h. 21215

-	1-520 70 6107 BALTIMORE CITY HE	ALTH DEPARTMENT	0107						
1	BIRTH NO.	CERTIFICATE OF DEATH REG. NO.	6107						
-1	I. NAME OF DECEASED	2. DATE Known Month Day	V III						
-1	(Type or Print) BILLY JONES	OF	Yeor Hour						
1	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted June 11, 1970  3. DATE Month Doy	Yeor Hour , -						
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) OR INSTITUTION	PRONOUNCED DEAD  June 11, 1970	4:45A.						
9	OK INSTITUTE A	5. USUAL RESIDENCE (Where deceased lived, if institution: res A. STATE B. COUNTY	sidence before odmissian)						
	Lutheran Hospital (DOA)	Maryland	506						
	6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN	IMITS?						
	Male Negro WIDOWED DIVORCED	Baltimore YES	No D						
1	9. DATE OF BIRTH 1-11-1940  10. AGE (In yeors   If Under 1 Yr. II Under 24 Hrs.   Months   Doys   Hours   Min.   30	E. STREET AND NUMBER  2733 Baker Street							
ď	11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF	13. FATHER'S NAME							
ı	Washington, N. C. WHAT COUNTRY?	Fred Jones							
	14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME							
	done during most of working life, even #fretired) Handy Man	Ruth Griffin							
ı	16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDR	ESS						
ľ	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 217-34-7097	Ruth G. Jones - 1102 Argyle A	ve.						
ľ	Ves CAUSE OF DEAT		APPROXIMATE INTERVAL						
1	9 7/17		BETWEEN ONSET AND DEATH						
1	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	AUSE Cirrhosis of the liver							
П	(inis does not mean the mode of dying, e.g., DIETO OF A	S A CONSEQUENCE OF:							
1	heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)								
1									
3	DISEASES OR CONDITIONS IF ANY GIVING (B) DUE TO OR A	AS A CONSEQUENCE OF:	****						
1	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	o i o i o i o i o i o i o i o i o i o i							
1	Z ONDERTING CONDITION LAST. (C)								
1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
ı	MI TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
1	DISEASE OR CONDITION GIVEN IN PART 1 (A).	S DEDECTRACE	AUXODOVO (Variantia)						
1	O SALE OF STANLING CONDINON FOR WHICH OF EXAMON WA	3 PERFORMED	21. AUTOPSY? (Yes or No)						
1	≥ 22A. EXTERNAL CAUSE WAS   228, PLACE OF INJURY(e.g., I	L door willing on the	Yes						
ı	UNIDEDIVINIC TION CONTRIB	n or obout 22C. WHERE DID (If in Boltimore City, give exact lobidg., etc.) INJURY OCCUR?	cation)						
1	UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED								
1	OF INJURY	MHILE - 22F. HOW DID INJURY OCCUR?							
ı	m. WORK AT WO								
1	23.  1 certify that I held on Inquiry Inspection Aut								
1		opsy X and that on this basis, death in my opin	nlon						
Н	resulted fram: Natural causes Accident Suicide								
1	ACTUAL ( level )	CHIEF MEDICAL EXAMINER	DATE SIGNED						
1	SIGNATURE MAND.	ASSISTANT MEDICAL EXAMINER	DATE STORED						
ı	EYA MINEDIS	ASSOCIATE MEDICAL EXAMINER	11 1070						
1	NAME (Type) Charles S. Springate, M.D.		11, 1970						
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)		county) (State)						
	BURIAL 6-17-1970 Carver emori	al Park Baltimore, Maryl	and						
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDR							
	JUN 1 6 1970 Pober E. Jaben M.D.	Charles R. Law 802 Madison	Ave.						
F	VS 151-REV. 1/1/68								

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BR	M-60	50 70	6108		HEALTH DEPARTA		70 No	6108
1. N	AME OF DEC	MOORE,	MARY A	DDIF		JUNE 11, 1		6:30A
3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UN CED DEAD	4. USUAL RESIDENCE (Where deceased lived II institution: residence before admission)			
FU	LL NAME OF		AL OR INSTIT	UTION, GIVE STREET	MARYLAND c. CITY OR TOWN BALT I MOR	BALTO.		228 530
-	10	ST. AGN	IES HOS	SPITAL	E. STREET AND NUMBER 113 WINTERS LANE			
5. S		6. RACE	7. MARRIED	NEVER MARRIED X	8. DATE OF BIRTH	9. AGE (In year		
-	EMALE	NEGRO	WIDOWED		03 29 86	lost birthday	Withins	Doys Hours Min.
W	AITRES	S life, even if relired)	108 KIND OF	BUSINESS OR INDUSTRY	MARYLAND		1	S.A.
J	AMES M	OORE			MARY JANE (WATTS)			
-	Ves Deceased Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or doles of service)		ces? s of service)	16. SOCIAL SECURITY NO. 212-32-2440A	ST. AGNES HOSP. RECORDS-CATON & WILKE			
heat foilure, asthenia, etc. It means the disease, injury ar complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stoting the UNDERLYING CONDITION tast.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								
CERIIIICAI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED				20A- AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
	OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical examines	21 B, hometc.)	PLACE OF INJURY (e.g., in e, form, foctory, street, of	or obout 21 C. WHERE	DID (If In I	Boltimore City, give	exoct locotion)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Work At Work						DID INJURY OCCUR?		
1	22. I certify that (1) (this hospital) attended the deceased from JUNE 10 19 70 to JUNE 11 19 70 that (1) (we) last saw the deceased alive an JUNE 11 19 70 and that in (2) (our) apinian death accurred an the date							
	and haur and fram the causes stated abave. (We) (did) (************************************				ding Med. Director Phys. 23B, DATE SIGNED  06-11-70			
	23C.PHYSICIA NAME (T)	Ching-H	Ju TSAI	MD. H. Degree	CATON & W	ILKENS AVE	S. BALTO	,MD. 21229
	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREF							
	Burial DATE REC'D	6-16-70 BY HEALTH DEPT. 1970 Jabeus &	258-NAME O	ew Cathedral	25C. FUNERAL DI		Maryland Tadison Av	ADDRESS
1	50-PEV 1/1/6	2		A STATE OF THE STA				

LAST CONTRACTOR OF THE STATE OF with the care of THE RESERVE and the control of the first

THE PARTY OF THE PARTY OF THE PARTY.

25C. FUNERAL DIRECTOR

Charles R. Law

ADDRESS

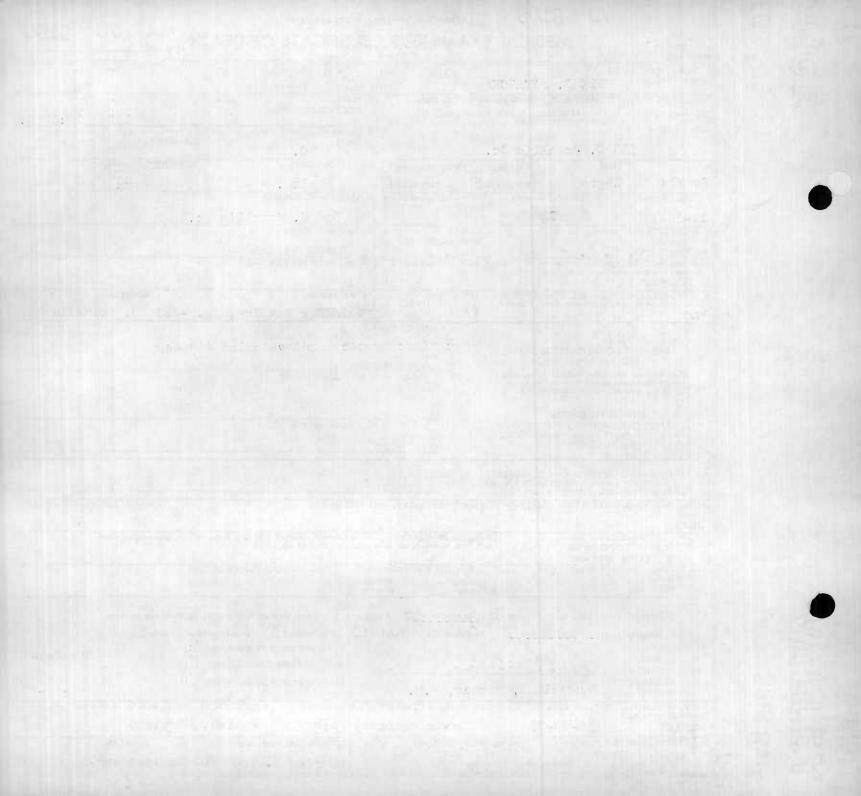
802 Madison Ave.

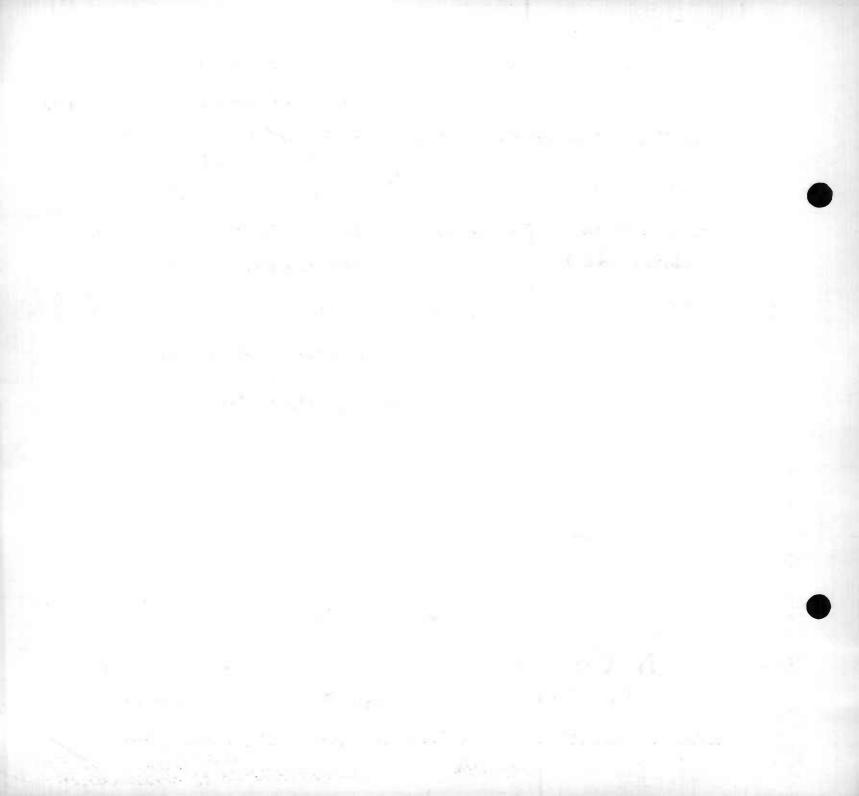
258, NAME OF REGISTRAR

25A. DATE REC'D'BY HEALTH DEPT.

VS 151-REV. 1/1/68

Ro Seals





EXAMINER'S

NAME (Type) 24A. BURIAL CREMATION, 24B. DATE

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)

VS 151-REV, 1/1/68

Ronald N. Kornblum, M.D.

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treet
g
erd
ADDRESS
308 S. Anglesee Street
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Hemorrhage
head
AND THE PERSON NAMED IN COLUMN 2 IN COLUMN
21. AUTOPSY? (Yes or No)
yes
Boltimore City, give exact location)
Boltimore City, give exact location) altimore Street
Boltimore City, give exact location)
Boltimore City, give exact location) altimore Street
Bohlmore City, give exact location)  altimore Street  Y OCCUR?  assailant (s)
yes  Bohlmore City, give exact location)  altimore Street  Y OCCUR?  assailant (s)  bosis, death in my apinian
yes  Boltimore City, give exact location)  altimore Street  Y OCCUR?  assailant (s)  basis, death in my apinian  determined manner
yes  Bohlmore City, give exact location)  altimore Street  Y OCCUR?  assailant (s)  bosis, death in my apinian

24C. NAME of CEMETERY OF CREMATORY

ASSOCIATE MEDICAL EXAMINER

emeteru

24D, LOCATION

Roxana.

3000 E. Raltimore St

25C. FUNERAL DIRECTOR

6/13/70

(Stote)

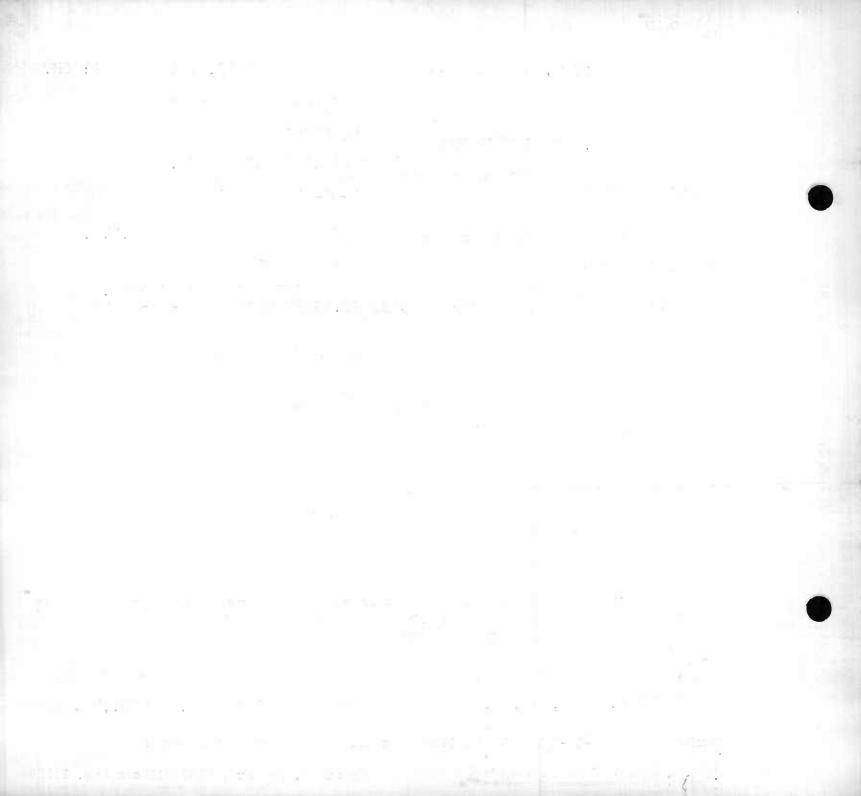
(City, town, or county)

ADDRESS

Kentucku

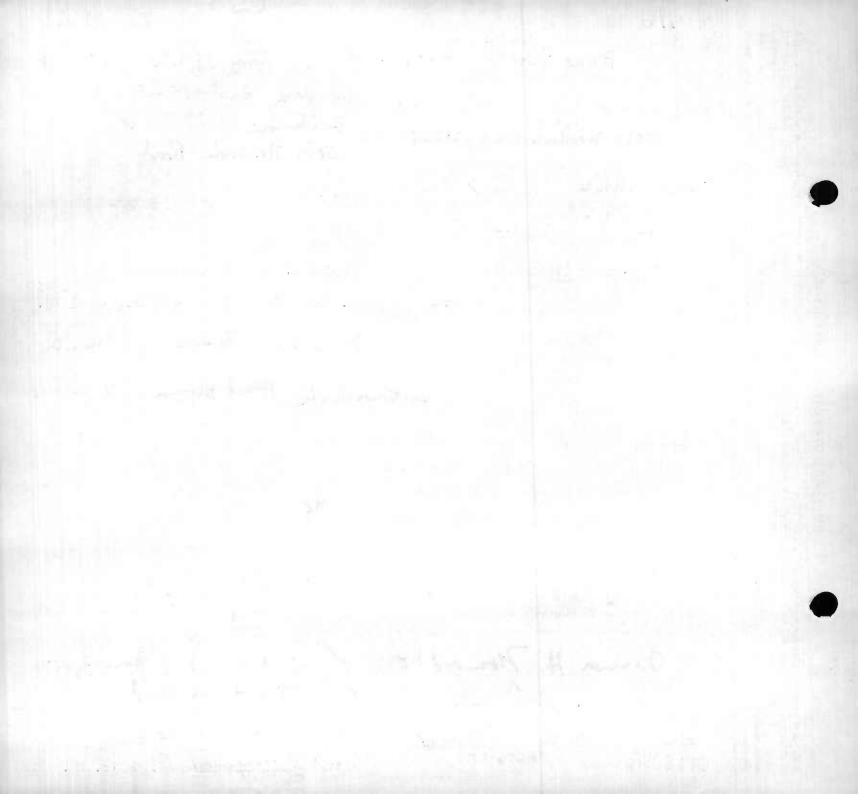
Now the BEXT - STEEL Show the Service of Burnell ball south ward broad manage of parts there is the sound ward of parts the sound ward to the sound ward to the sound to the sou XEZ WAT TRANSPORTED TO SHE THE STANS TOT I SELLED A TOTAL ASSOCIATED A LIGHTER A LIGHTER AS Commence of the way J. Wile X 14 00 5 1 X 1055 X-1 44 7117 4 A 7-25- 100 David II

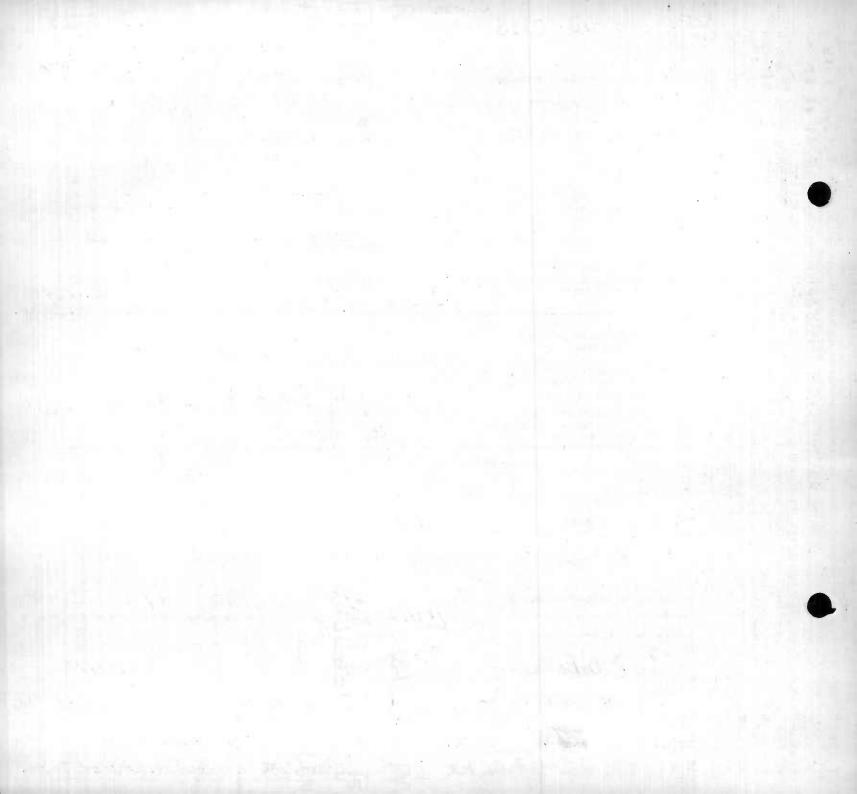
1) 000	0 61:	1.3	HEALTH DEPARTME		70 6113
I.NAME OF DECEASED (Type or Print)  DOTSO	N LINC	OLN ORVIL	2. D.	ATE AND HOUR OF DEAT	70 1 3:10P
3. PLACE IN BALTIMORE MARYLAN	D, WHERE PROP		4. USUAL RESIDENC	E (Where deceased lived, II COUNTY 2123	institution: residence before admission
110	GNES HO	SPITAL	BALTIMORE		YES NO
5. SEX 6. RACE WHITE	WIDOWI		8. DATE OF BIRTH 03 -06- 07	9. AGE (In years	If Under 1 Yr. if Under 24 Hr. Months: Doys Hours Min.
IDA, USUAL OCCUPATION (Give kind of done during most of working life, even if ref SANTATION	ired)	of Business or Industry imore City	VIRGINIA	at foreign country)	U.S.A.
STANLEY DOTSON			ELISA JES		
5. Was Deceased Ever in U. S. Arme (Yes, no ar unknown) (If yes, give war a	d Forces? dotes al service			TON & WILKEN HOSP-BALTO-	
ANTECEDENT CAN DISEASES OR CONDITIONS, tise to the above cause UNDERLYING CONDITION los  II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN IN 19A-DATE OF OPERATION 19B. WAS	if any, giving the contribution of the terminal part 1 (A).	(c)	A CONSEQUENCE OF:		
19A. DATE OF OPERATION 19B. WAS  21A. ACCIDENT WAS UNDERLITE OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	PERFORMED	18. PLACE OF INJURY (e.g., in ome, form, foctory, street, off	Or about 21 C. WHERE INJURY OCC	DID (if in Baltim	E FINDINGS CONSIDERED AUSES OF DEATH? are City, give exact location?
21D.TIME (Manth) (Day) () OF INJURY (APPROX.)		1E INJURT OCCURRED  While At Not While Nork At Work		ID INJURT OCCUR?	
22. I certify that (1) (this hose that (1) (we) last saw the dec	pital) attended	the deceased from M	19_70	19 70_ta_UN	NF 13 19 70 Dinion death occurred an the dat
and hour and fram the causes  23A. SIGNATURE  23C. PHTSICIAN'S	Stated above.	M. Degree After	iding Med.	Staff Phys.	23B, DATE SIGNED 6-13-70
HAVEN N. WALL			CATON & WI	LKENS AVES.	
Burial 6-17	-1970 Lo	oudon Park Cemet	ery	Baltimore, Ma	ryland
JUN 16 BIO PAGE	E. Valley	COF REGISTRAR	Howard H.		Address Wilkens Ave. 21229



FUNERAL DIRECTOR: IMPORTANT

41 411/	BALTIMORE CITY	HEALTH DEPARTMENT	-111
H-416 BIRTH NO. 70 611	4 CERTIFICA	TE OF DEATH REG. NO	70 6114
NAME OF DECEASED Anne Estel	le Albrec	here 13 G	70 12.75 P.
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION)  Home  500 Yordsde Rose	STITUTION, GIVE STREET	Ballinge E. STREET AND NUMBER	institution: residence before odmission  Cty  NSIDE CITY LIMIS?  YES NO
		5001 Woodside 11	cos
Temale 6. RACE. 7. MARR WIDOV	NEVER MARRIED	B. DATE OF BIRTH  4/20/1884  9. AGE (In years birthday)  86	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
0A. USUAL OCCUPATION (Give kind of work 10B. KINE one during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTR
3. FATHER'S NAME		Maryland 14. MOTHER'S MAIDEN NAME	USA
William H. Wade (deceased 5. Wos Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL	Louisa C. Deering (dece 17. INFORMANT  Mrs. Helen Wade, 200 Laure	20810
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, given is a lot the obove couse (A) stoling UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).  194. DATE OF OPERATION 198. CONDITION F WAS PERFORMED	NG NAL	A CONSEQUENCE OF:    20A. AUTOPSY? (Yes or No.)  20B. IF YES, WER	EE FINDINGS CONSIDERED
WAS PERFORMED	OK WHICH OFERATION	IN CERTIFYING	CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, off etc.)	n or about 21 C. WHERE DID (If in Boltim ice bldg., INJURY OCCUR?	nore City, give exact location)
	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF IN ILLEY	While At Not While Work Not Work		
OF INJURY	Work At Work		19
OF INJURY (APPROX.)	work At Work  ed the deceosed from  on  e. (I) (We) (did) (did not) v  Atternal Decree Phys	19 to	
OF INJURY (APPROX.)  22. I certify that (1) (this hospital) attend that (1) (we) lost sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Vernon H. Norwood	work At Work  ed the deceosed from on e. (I) (We) (did) (dld not) v  Attended to the deceosed from DEGREE  M.D. DEGREE	19to	238 DATE SIGNED  June 13, 1978
OF INJURY (APPROX.)  22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Vernon H. Norwood	work At Work  ed the deceosed from on e. (I) (We) (did) (dld not) v  Attempts of Degree Physics M. D.	19	238 DATE SIGNED  Pure 13, 1978  Read  (City, town, or county) (Stote)



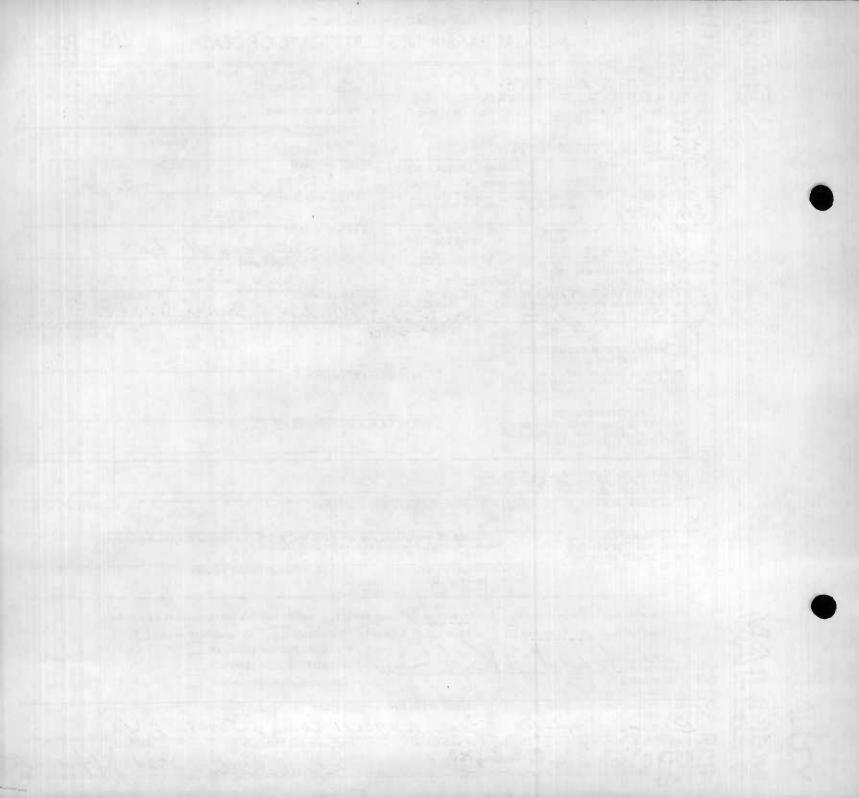


	7 112		BALTIMORE CIT	Y HEALTH DEPARTMENT		
BI	-623 RTH NO.	70 61		ATE OF DEATH	REG. NO	70 6116
	NAME OF DECEASED	1 . F.C	a Vil	2. DATE A	NO HOUR OF DEATH	1110
3,	PLACE IN BALTIMORE, AL	RYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Wh	en deceosed lived, II	institution; residence before admission)
FI	ULL NAME OF (IF NOT	IN HOSPITAL OR II	NSTITUTION, GIVE STREET	Maryland	NTY	601
IN IN	OSPITAL OR ADDRE	SS OR LOCATION		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
-	3 30 hous t	Jopkins t	Octosol	Baltimore E. STREET AND NUMBER		YES NO
				446 N. Lal	cewood Ave	enue
٥.	SEX 6. RACE		RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 His. Manths Days Haurs Min.
10.	A. USUAL OCCUPATION (Giv	e kind of work 108, KIN	D OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Slale of land	eign countryl	12. CITIZEN OF WHAT COUNTRY
	HOUSEWIE		HOME	VIRGINIA		U.S.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
15.	George Th		11/ 1000	Mary		
(Ye	s, no or unknown) (II yes, give	wor or doles of serv	ice) 16. SOCIAL SECURITY NO.	Tr. INFORMANT	Crockett.	- HHGN. Lakeur
V	18. 482.91	4017,	GAUSE OF DEA	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONI	O DEATH	/	C - 0:	i da	1
	(This does not meon the heart foilure, asthenia, etc	mode of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	undary a	Mest
	injury or complication wh	ich caused death.)	•		Q	
	DISEASES OR CONDITI		(B) SeQ S)	5 2na 6 91	cam reg bis	<u> </u>
	rise to the above c	ouse (A) sloting	the Production	A CONSEQUENCE OF:	out tubera	las!
	II	N lost.	(c)	Contains	THE MEDICAL	2,100
CERTIFICATION	OTHER SIGNIFICANT CONDITO THE DEATH BUT NOT REDISEASE OR CONDITION GI	LATED TO THE TERMIN	NG IAL			
TFIC.	19A-DATE OF OPERATION	198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
CERT	21A ACCIDENT WAS UND		218 PLACE OF INTURY (o. c.	1 40	IN CERTIFYING CA	
CAL	OR CONTRIBUTING CAU	ISE OF	218 PLACE OF INJURY (e.g., home, farm, foctory, street, o etc.)	flice bldg. INJURY OCCUR?	(It In Baltimor	re City, give exact location)
	21D. TIME (Month) (De	ay) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
\$	(APPROX.)		While Al   Not While Work   Not While Al Work	• 🗆 🚶		. 1
	22. I certify that 🐚 (this	s hospital) attende	ed the deceased from	6/10	19 ] \ to	6/15 1970
	that (we) lost sow the			1919and th	ot int (our) opi	nion death occurred on the date
	and hour and from the co	uses stated above	e. (We) (did) (d	lew the bady after death.		
	23A. SIGNATURE	1 200	MAN AM	nding Med.	Steff [	238. DATE SIGNED
	23C.PHYSICIAN'S	J. Antro	DEGREE Phy	23D. ADDRESS	Staff Phys.	0 15 / 0
	Dren	6,1:00	an MD	To 12	15.11	:10
24 A		DATE 240	DEGREE	MATORY 24D. L	OCATION (C)	I town, or county) (State)
	BURIAL 6			OF FAITH	BALTO.	Mo.
25A	SUN 16 1970 G	ober & Fail	AE OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	0	were it sail	EU, FLU.	Il Master 1	12/2 - 7:	534 Letherson X

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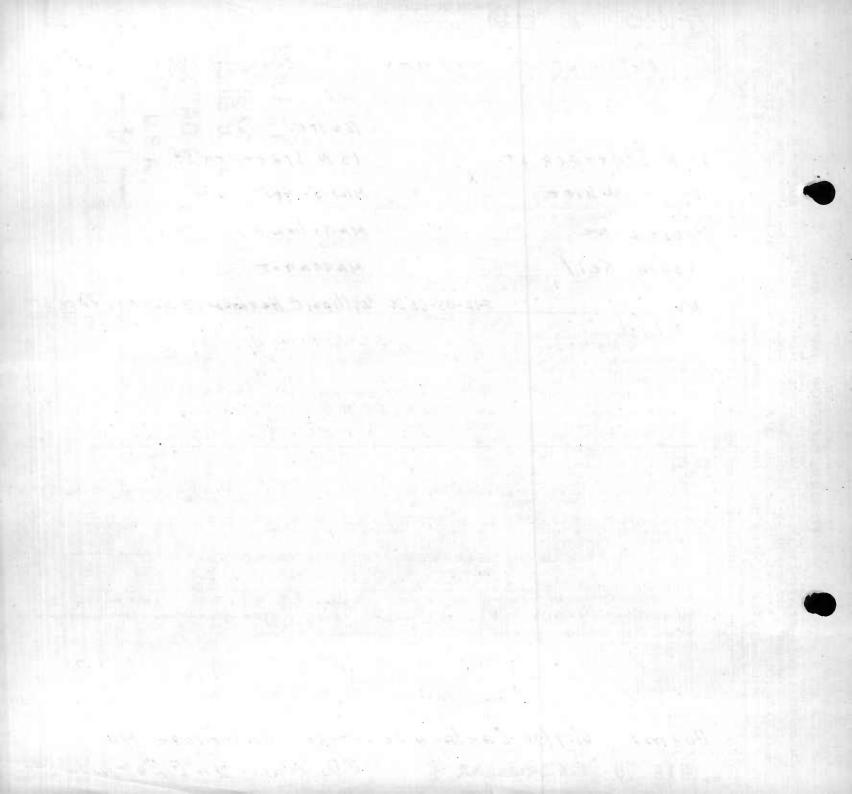
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VS 151-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

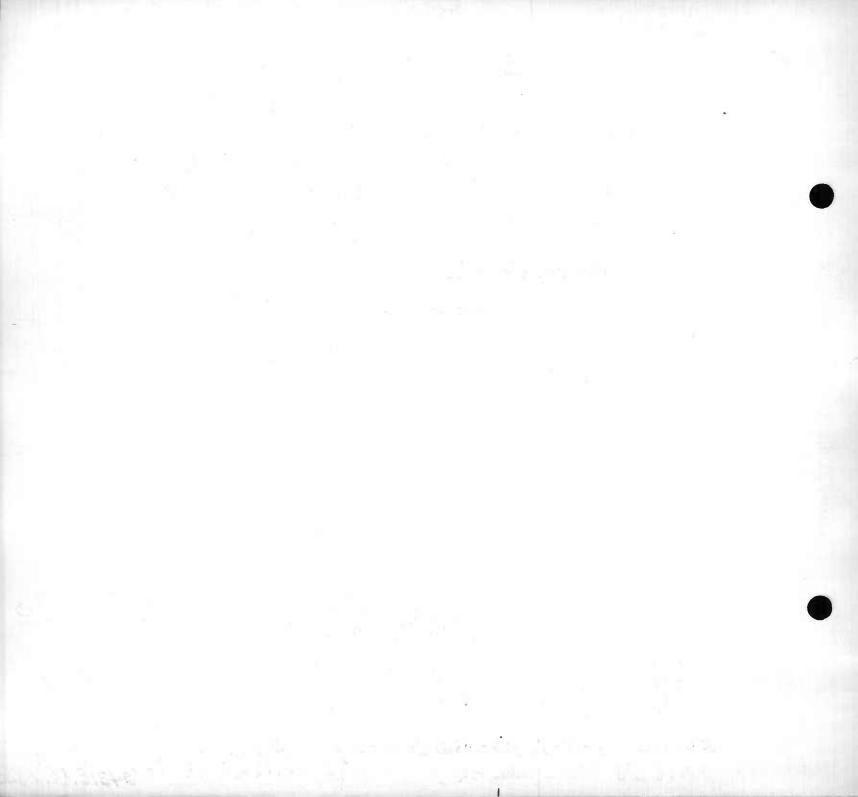
1/100 000		HEALTH DEPARTMENT		HO -110
77-655 70 611	CERTIFICA	TE OF DEATH	REG. NO	70 6119
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print) MAREARET M.	HARMAN	JUNE	14.197	0 1 1120 P. W
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (Where	e deceased lived. If i	nstitution: residence before odmission)
or read to bright and mineral to		A. STATE B. COUN'	TY	
FULL NAME OF (IF NOT IN HOSPITAL OR IT ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Md.	J em	601
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
A A		BATTO.	200	YES NO
		E. STREET AND NUMBER		113/2
12 11 5-2 -2- 04			2-201	
13 N. STREEPER ST	•	13 N. STRET		
SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	ost birthdoy)	Months Doys Hours Min.
	WED DIVORCED	MAY-5-1908	1, 2	Troots Troots
OA. USUAL OCCUPATION (Give kind of work 10B. KIN		11. BIRTHPLACE (State or foreign	an country)	112. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired)	D OF BOSINESS OK INDOSEKT	TI. BIRTHELACE (State of Idle)	gn country)	12. CHIZEN OF WHAT COUNTRY
Harriste		MARYBUD		
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A F	
1. 1		The state of the s		
Horm Keil		MARGARET.		
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give wor or dates of serv	SECURITY NO.	. 11	-	
Vo	212-03-6536	WILLIAM C. HAR	MAN 13 N	1. Streepenst.
18. / ()	CAUSE OF DEAT	1		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	19 0.	. 1	0.0	BETWEEN ONSET AND DEATH
LEADING TO DEATH		rcinonia, 9	perva	3-lassematte
(This does not mean the made of dying,	(A) IMMEDIATE CAL	SE A CONSEQUENCE OF:	untino	TAN STREET
heart failure, asthenia, etc. Il means the disc	dase,	A CONSEQUENCE OF: 7 471	ex works	
injury at camplication which coused death.)	100	100.11	10. 11.4	
ANTECEDENT CAUSES	Work	rage 9 beara	n- wiel	er butter?
DISEASES OF CONDITIONS Y	(B)	A COOLEME OF PAR	ZANCIAN	WIZZ
DISEASES OR CONDITIONS, if ony, gi		A CONSEGUENCE OF	a la	4
UNDERLYING CONDITION last.	the Cove	l'obstruction	- delielle	alson
	\\			
z II			2	e.
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).				
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CA	COSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	or obout 21C, WHERE DID	(If In Boltimo	re City, give exoct locotlan)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	\" III OOMIIIO	give exect locolidity
DEATH (notify medical examiner)	etc.)			
21 D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
OI IIIJOKI	While At Not While			
(APPROX)	Work At Work			
22   carries that (1) (this bassical) attack	ed the deceased from	11140 1	0 / 0 +-	June 12 1970,
22. I certify that (I) (this haspital) attend	1		9 6 0 to	15
that (I) (we) last saw the deceased alive	on June 17	19	at In(my) (aur) ap	inian death accurred an the date
and haur and from the causes stated above	e. (I) (We) (did) (did pat)			
23A. SIGNATURE	St (17 (110) (110) (110)	- The body driet deaths		23B. DATE, SIGNED
23A. SIGNATORE	was a		ci II -	
1 1och	Dhu	nding Med.	Staff Phys.	4/16/70
23C. PHYSICIAN'S	OEGREE	23 D. ADDRESS	) /	
23C. PHYSICIAN'S NAME (Type)	W M.D.	2936 2 6	XITA VX	Professed
BURTON VILOR	OEGREE	2736 6-16	De son	( SICKED MAIL 21224)
4A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE	MATORY 24D. LC	CATION (C	city, town, or county) (State)
REMOVAL (Specify)			/	
BURIA 6/17/70 C	AK/AUN CEA	1etery BA	-1+120RY	e Md.
SA. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
JUN 1 6 1970 Pober E Fails	2000	B.D. hard	: no 10 %	Batyono st.
JUN 10 13/4 Jaber C. Mars	Ly The Up	BIDABROWSA	1 25 18 6-	Printed II harden
W				



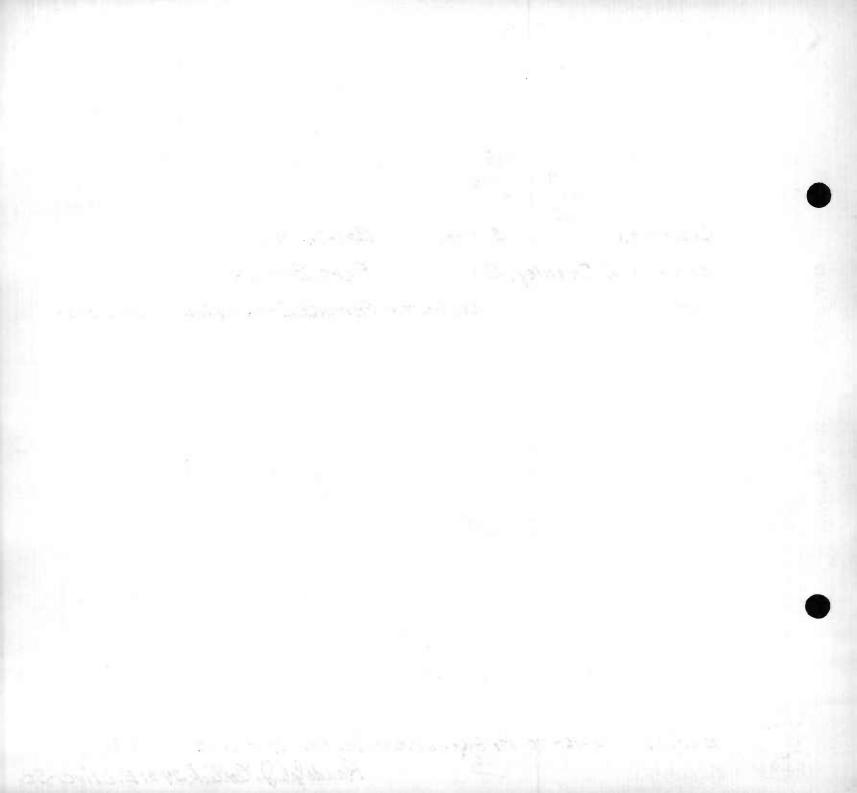
VS 150-REV. 1/1/68

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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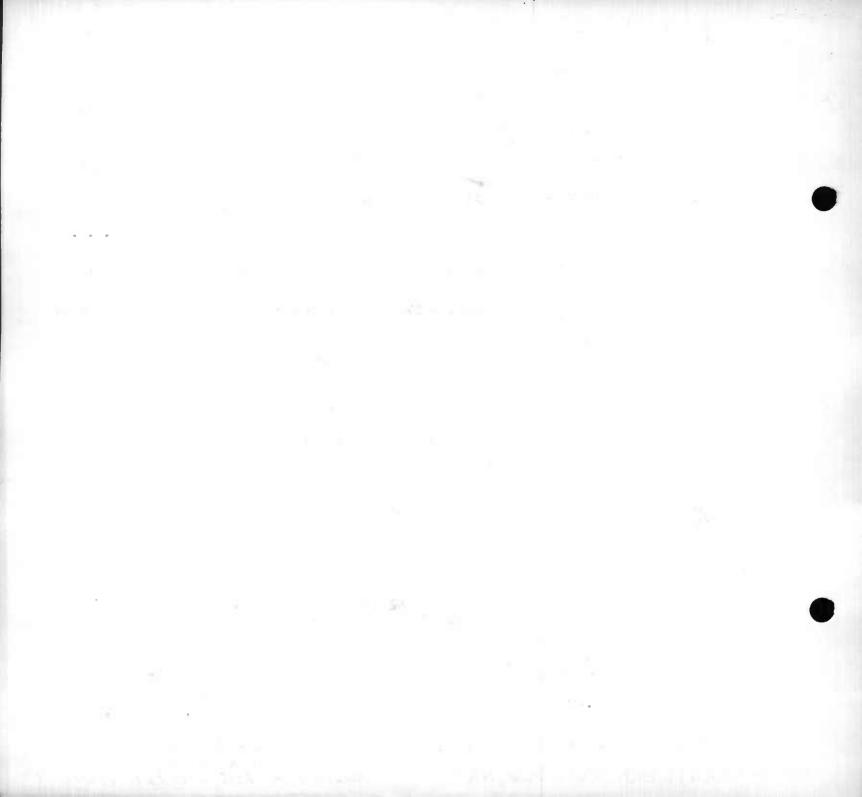
BIRTH NO. 70 6121 CERTIFICATE OF DEATH REG. NO. 70	6121
1. NAME OF DECEASED (Type or Print)  2. DATE AND HOUR OF DEATH	Or 150
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: A. STATE B. COUNTX	residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  A. STATE  B. CCUNTX  C. CIPXOR TOWN  D. INSIDE CITY IN	27/0
44 UNION MEM. HOST BACTO WEST	NO
5. SEX   6. RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   11 Under	20
WIDOWED DIVORCED NOT INTERPRETATION (Give hind of work) 28 Kind of work 128 Kind of work 12	
UR6 (NIA)	S WHAT COUNTRY?
13. FATHER'S NAME	
15. Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL  17. INFORMANT  SECURITY NO.	ADDRESS
SECURITY NO. 320-24-6276 CHART	
DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH  (This does not made to be a see that the seed of this seed to the seed of the seed to the seed of the seed to the seed of the seed to	30 yrs.
heart failure, astheria, etc. It means the disease, injury or complication which caused deeth.)	4
ANTECEDENT CAUSES  (B)	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:  ise to the above cause (A) stating the UNDERLYING CONDITION tast.  (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
194. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION 204. AUTOPSY? (Yos of No.) 208. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	CONSIDERED DEATH?
OR CONTRIBUTING CAUSE OF home, forcing, street, office bldg. NJURY OCCUR?	e exoct location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work 21F. HOW DID INJURY OCCUR?	1
22. I certify that (I) (this hospital) attended the deceased from 6/2 19 10 to 6/2	19 15
that (1) (we) last saw the deceased alive on	h occurred on the date
23A, SIGNATURE 23B, DAT	E SIGNED,
239 Pays Grants  Attending Med. Stoff Phys. Director Director Phys. Director Phys. Director Director Phys. Director Dire	1/2/10
BISHERMO UMN.	
24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, o	r county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. EDNERAL DIRECTOR TO THE STATE OF THE	ADDRESS
JUN 1 6 1970 Robert E Jarber M.D. Jenhalft Callicks	4316. Olivers



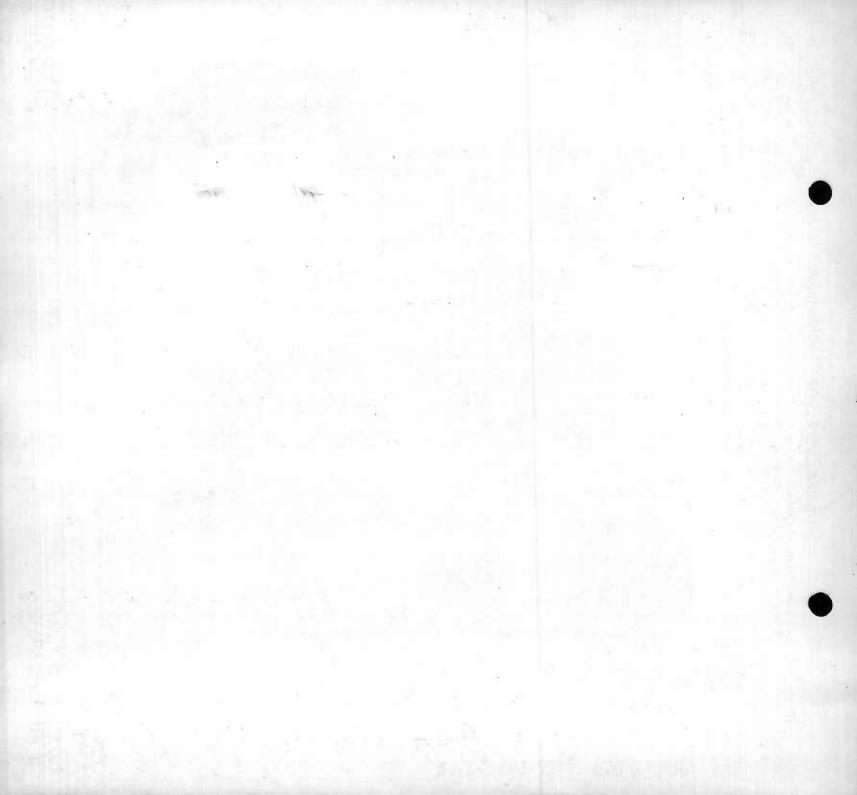
0 7511	BALTIMORE CIT	Y HEALTH DEPARTMENT		hm. (2)	
BIRTH NO. 7 70 6122	CERTIFICA	TE OF DEATH	REG. NO	70	6122
1. NAME OF DECEASED	10 10 1	2. DATE A	ND HOUR OF DEATH	1	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PE	STAWLIZY	6	112/70		2 P. N
WHERE PI	ONOUNCED DEAD	4. USUAL RESIDENCE (WHA. STATE B. COU	efe deceased lived. If i	institution: residence	before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MI)		/	504
INSTITUTION		C. CITY OR TOWN	D. IN:	SIDE CITY LIMITS?	
75	. 1 ( ) 1 4	BACTO.		YES (3)	NO 🗌
Sina (5)	16 Solto	E. STREET AND NUMBER	CLIFTO	n Av	
M WIDO WIDO		8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months: Days	If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF	WHAT COUNTRY
Custodian	School	13011	20 -1		
13. FATHER'S NAME	JCHOO!	14. MOTHER'S MAIDEN NA	ME		
Housend III Com	0	n 1. n			
5. Was Deceased Ever in U. S. Armed Forces	11 6. SOCIAL	17. INFORMANT	NN		
(Yes, na ar unknawn) (If yes, give war ar dates at serv	ice) SECURITY NO.	THE CAMPAINT		ADDRI	:22
NO.	218-09-0584	FloreNCE Sta	N/e 122131	VistaNA	NO,
18. 46/1. 2 1	CAUSE OF DEAT	Н	1	APPRO	XIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		0. 0	0	- / 1	1
(This does not mean the made of dving	(A) IMMEDIATE CAL		scule acc	cident 1	2 hrs.
heart (ailure, astheria, etc. It means the disc injury or complication which caused death.)	ease,	A CONSEQUENCE OF:			
ANTECEDENT CAUSES					
	(B)	**********************			
DISEASES OR CONDITIONS, if any, ginise to the above cause (A) stating	ving DUE TO, OR AS	A CONSEQUENCE OF:			
UNDERLYING CONDITION lost	(c) Con	elstrick He	est fail	me 1	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG /	In Otto	Translo		
A IDISEASE OR CONDITION GIVEN IN PART 1 (A).	100000000000000000000000000000000000000	- Current	ragee	ne.	***********
19A-DATE OF OPERATION 19B CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIL	DERED
21A ACCIDENT WAS UNDERLYING	loto o				
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) 21D.TIME (Manth) (Day) (Year) (Hauth	21B. PLACE OF INJURY (e.g., in hame, form, factory, street, af elc.)	ice bldg., INJURY OCCUR?	(If In Baltimai	e Cily, give exact le	acotion)
21D.TIME (Manth) (Day) (Year) (Hauth	21 E INJURY OCCURRED	21F. HOW DID INJ	HRY OCCUR?		
OF INJURY (APPROX.)	While At   Not While				
22 1 1/4 1 1/4 1	Wark L At Wark	1/1		1	/acc
22. 1 certify that (I) (this hospital) attend	ed the deceased from	. /	19ta	6/12/	20 19
that (1) (we) lost saw the deceased alive		19and th	ot in (pry) (aur) opi	nion death occur	red on the date
and haur and fram the causes stated above	e. (H) (We) (dld) (dld post) vi	iew the bady after death.			
23A. SIGNATURE	1 5			23 B. DATE SIGNE	D
La In Ver	DEGREE Phys	ding Med.	Stoff Phys.	1	12/20
23C. PHYSICIAN'S NAME (Type)	DEGNEE	3D. ADDRESS	,	5/	12/10
					,
4A. BURIAL CREMATION, 24B. DATE 246	C. NAME of CEMETERY OF CRE	MATORY 240 1	OCATION (Ci	ty, town, ar county)	(50-1)
REMOVAL (Specify)	7	400.0	CAHOR (C)	iy, iowii, ar county)	(State)
DU. 912   6-16-70	Infutus Meno		butus,	Nd.	
IIN 1 C 1070 P. R. & E. Jaber	A CHETISTRAR	25C FUNERAL DIRECTOR	Vania	ADD	RESS
S ISO BEY 1///	المعامين	Mandalel 7.	Ceallick 24	+31 E.01	werSt.
\$ 150-REV. 1/1/68		11			



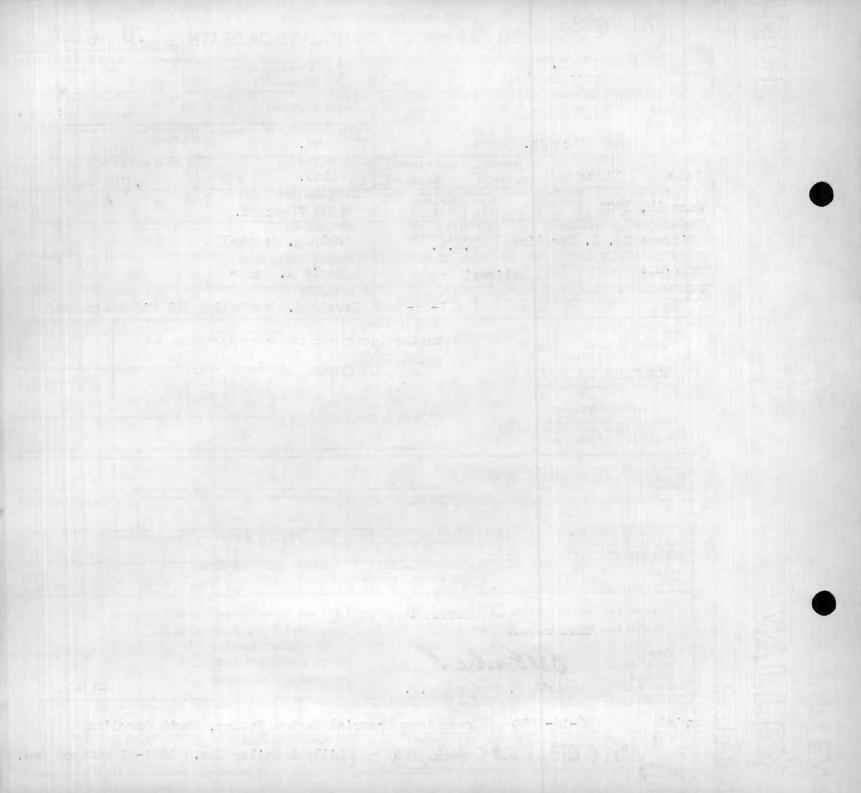
віктн	-20 No.	0 70	6123	CERTIFICA	TE OF DEATH	REG. NO	70 6123
	ME OF DECI					AND HOUR OF DEATH	
	Sf	7DIE LAN				1-70	1100 P
3. PL/	ACE IN BALT	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WI A. STATE B. COU	here deceased lived. If i	nstitution: residence befare admissio
FULL	NAME OF	HE NOT IN HOSPITA	L OR INSTIT	UTION, GIVE STREET	MD		1501
INSTIT	PHENONE	1940 Eastern			C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
2	/ E	Baltimore Mar	vland		E. STREET AND NUMBER		YES NO
BA	ters c	ITY HOSPit	als		I CO		2 21 21 7
5. SEX				NEVER MARRIED	8. DATE OF BIRTH	9. AGE IIn years	21217
5	emale	Negroid	WIDOWED		4-4-01	last birthday	Manths Days Hours Min.
10A. U	SUAL OCCU	PATION (Give kind of work	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE ISlote or for	reign countryl	12. CITIZEN OF WHAT COUNT
cone a	uring most of w	orking life, even if retired)			Maryland		U.S.A.
13. FA	THER'S NAM	Æ			14. MOTHER'S MAIDEN NA	AME	
		Clarence !	Forrest	er		tilda Sim	
5. Wa	s Deceased	ever in II. S. Annual Force	?	1 6. SOCIAL	17. INFORMANT	mada 91M	
Yes, no	or unknown!	(If yes, give war or dates	of service)	SECURITY NO.		040 77 :	ADDRESS
18.	5 6	A .		216-14-4170 CAUSE OF DEATE	Records: BCH-4	940 Eastern	
1	201	OR CONDITION DIR	CTIV	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
		EADING TO DEATH	ECILY	111 / Co	SE CARPIAC	00000	
(Ti	his does no	I mean the mode al sthenia, etc. II means	dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:	(Haces)	
inj	jury or comp	licalian which coused	death.)				
	A	NTECEDENT CAUSES		n Poss	ALC GAZOLA	and And	
DI	ISEASES OF	CONDITIONS, il a	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	1101-11826	
UI	e to the	above cause (A) CONDITION last.	sloling the	10 DIABE	Tes Z BKan	neuma Trial	(2)
		11		(-)			
OOT	HER SIGNIFIC	ANT CONDITIONS CON	TRIBUTING	<b>—</b>			
< IDIS	SEASE OR CO	BUT NOT RELATED TO TH NDITION GIVEN IN PART	1 (4)		matrioruna		
ERTIFIC 9	DATE OF	OPERATION 198 COND	THON FOR Y	HICH OPERATIONS	20A. AUTOPSY? IYes or N	of 20B, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
212	ACCIDENT	WAS UNDERLYING	sumor	HORAKAT	NO		
1 1 4 1	COLLINGRAL	ING CAUSE OF	home etc.)	b, larm, foctory, street, of	or obout 21 C. WHERE DID	(If In Boltimor	e City, give exact location)
<u> </u>		Monthi (Dayl (Year)		INJURY OCCURRED	0.5		
SIUF	INJURY PPROXI	teon teon		e At Not While	21F. HOW DID IN	JURY OCCUR?	
			Wail				
22.	I certify th	hat (1) (this haspital)	attended th	e deceased from 12	17	19 69 to 6	15 19 70
		ast saw the deceased			19 20 and th	hat In (my) (aur) apli	, nian death accurred an the da
and	d hour and	fram the causes state	d abave. (1)	(We) (dld) (did nat) vl	ew the bady after death.		
23A	. SIGNATURI		A				23B, DATE SIGNED
22.5	nuver of a co	CKu	esh	DEGREE Phys.		Staff Phys.	15/70
23 C	NAME ITyp	el		2	3D. ADDRESS 4940 Ea	stern Avenue	21224
		C.Krush		DEGREE			ltimore, Maryland
24A. BL	URIAL CREM EMOVAL (Sp.	ATION, 24B. DATE	24C. NA	ME al CEMETERY OF CRE		The second secon	y, tawn, ar caunty) (Stotel
B	Jurin	0 6-18-70	0 (1)	Shutter Die	m. Pk. 0	Breto. 1	rul.
25A. D	ATE REC'D B	Y HEALTH DEPT.	SB. NAME O	FREGISTRAR	25C. FUNERAL DIRECTOR	U.R. Baile	ADDRESS
JUN	116 19	1 Jabus E. K	auben A	10 0 0	Kelson F. H.	1348 N. Ca	They Street
S 150-	REV. 1/1/68						



	1) /	TE OF DEATH	REG. NO	.70	6124
-152 /U 61	L24 CERTIFICA	TE OF DEATH			
NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	4	-
Robinson, Eliza		June	14, 1970		1:40 P.
B. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If	institution: residenc	
		A. STATE B. COUNT	Y	1/	100
ULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland		17	05
STITUTION ADDRESS OF LOCATION		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?	
90		Baltimore		YES	NO 🗌
Bolton Hill Nursing & Conv	rologoont Ctm	E. STREET AND NUMBER			
porton util Milaria & Conv	alescent Ctr.	2107 Division	St.		
SEX 6. RACE 7. MARI	RIED NEVER MARRIED		. AGE (In years	If Under 1 Yr. Months! Doys	If Under 24 H
F. N. WIDON	WED DIVORCED	7-19-94	ast birthday	Wionins Doys	THOUS WITH
A. USUAL OCCUPATION (Give kind of work 10B, KIN)		101	n country)	12, CITIZEN OI	WHAT COUNT
one during most of working life, even if retired)					
Unkown		Virginia		W.S.A.	
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	I E		
Halcorn Samuel	Davis	Lucinda Davis			
. Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDR	ESS /
es, no or unknown) (If yes, give war or dates of serv	ice) SECURITY NO.		- 10111		1 1
	217-30-2603	GEOLDIA STOK	es-1008	SI. INNS	STON K
1B. )	CAUSE OF DEAT	н /			OXIMATE INTERVA
DISEASE OR CONDITION DIRECTLY				DET WEE	// ;
LEADING TO DEATH			-0		9/10/00
	/AVIMMEDIATE CAL	ISE CDAR INT WAS	asses	_	113/1
(This does not meen the mode of dying,	e.g., (A) IMMEDIATE CAL	A CONSEQUENCE OF:	Mores		1/3/1
(This does not meen the mode of dying, heart foilure, asthenia, etc. It means the dise injury ar camplication which coused death.)	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	Vmo		//3//
heart failure, asthenia, etc. It means the dise injury ar camplication which coused death.)	, 436,				113/1
heart failure, asthenia, etc. It means the dise injury ar camplication which coused death.)  ANTECEDENT CAUSES	, 436,				1/3/1.
heart failure, asthenia, etc. It means the dise injury ar camplication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, gi	, 436,				un
heart failure, asthenia, etc. It means the dise injury ar camplication which coused death.)  ANTECEDENT CAUSES	, 436,			2	un yen
heart failure, asthenia, etc. It means the disc injury ar camplication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, gi rise to the abave cause (A) stating	, 436,	A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:		2	ur>
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heart failure, asthenia, etc. It means the disc injury or camplication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, gi rise to the abave cause (A) stating UNDERLYING CONDITION last.	ving (B)	20 A. AUTOPSY? (Yes or No) in or obout 21 C. WHERE DID	Clutus Clutus 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONS	
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SIGNATURE EXAMINER'S ASSOCIATE MEDICAL EXAMINER NAME (Type) Russell S. Fisher, M.D. 6-15-70 24A. BURIAL CREMATION. 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, tawn, or county) (Stote) REMOVAL (Specify) Burial 6-18-1970 Green Lawn Memorial Park Easley. South Carolina 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR **ADDRESS** Lilly & Zeiler Inc. 1901-07 Eastern Ave. VS 151-REV. 1/1/68



VS 150-REV, 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

June 19 mile

Market View Marsons Home 1217 6 257 ST

Male Negro

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Maryana branch

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417-03-Sept Military, Married Boys, South

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DIRECTOR:

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

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APPROXIMATE INTERVAL

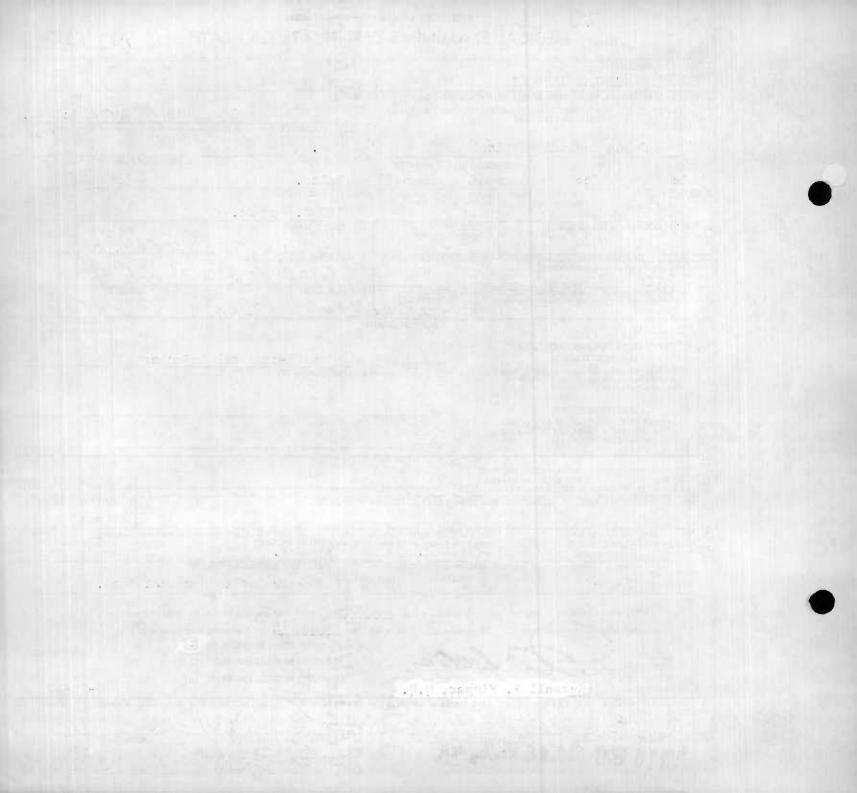
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ADDRESS

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VS 151-REV. 1/1/68



MEDICAL EXAMINER'S	CERTIFICATE	OF	DEATH
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В	RTH NO:	040	0								REG. NO.		
1.	NAME OF DEC	EASED	C	W.		2.	DATE	Know	n 🔲	Month	Day	Yeor	Hour
to	pe ar Print)		MELVI		ARLSON		OF DEATH	Estim	oted 🗆	6	12	70	11:20 am
4.	PLACE IN BAL	TIMORE, MA			RONOUNCED DEAD	3.	DATE			Manth	Day	Year	Haur
	LL NAME OF	(IF NOT	IN HOSPITA	L OR INS	TITUTION, GIVE STREET		PRONC	UNCED	DEAD	T.,		1070	11.00
	SPITAL	ADDRE	SS OR LOCA	TION)		-	HELLALI	ECIDENIC	F (140	Ju		1970	11:20 a <sub>M</sub> .
							STATE	ESIDEM	E (where	aece asea IIV	B. COUNTY	residence i	before admission)
			nes Ho					Mary1	and		E	artimo	ore 5
6.	SEX	7. RACE		B. MARR	IED ENEVER MARRIED	)	CITY O	NWOTS	D	.71-	D. INSIDE CI	TY LIMITS?	
	Male	Whit	e	WIDOW	VED DIVORCE		Ra	lto.	Dund	aTK	V	s 🗆	NO 🗵
	DATE OF BIRTH		10.AGE (in		If Under 1 Yr. II Under 24	Hrs. E.		AND NU	MBER		18	3 🗀	NO
1	11-8-14		last birthday	/)	Months Doys Hours	Min.		0100					
1	BIRTHPLACE (S	tale er lareter			12. CITIZEN OF	1.0	FATHER			allfor	d Driv	е	
"					WHAT COUNTRY?	13.	FATHE	'S NAMI		Fred Ca	monlan		
		sylvani			U.S.A.						tr TSON		
14	LUSUAL OCCU	PATION (Give	kind al wark	4B. KIND	OF BUSINESS OR IND	JSTRY 15.	MOTH	R'S MAIL	DEN NA				
30.	Construc			Tnt.	er County Co.					Alma	a Swanso	n	
16.	WAS DECEASE	ED EVER IN L	U.S. ARMED	FORCES	2 II7. SOCIAL	IB.	INFOR	MANT (	Wife)		OT OO AL	DRESS	17.C D
(Y e	s, na or unknown)	(Il yes, give w	ar or dates	of service	SECURITY NO					200	3120	A Wa.	llford Dr.
-	Yes	Army	y WW I	L	372-10-182		rs. e	anie	De U	arlson	Dundal		. 21222
	4/3	2.41			CAUSE OF	DEATH							PROXIMATE INTERVAL
ш	DISEASI	E OR CONDI	TION DIREC	CTLY	Ar	terio	scle	rotic	card	liovasc	ular di	sease	
		LEADING TO			(A)IMMEDI								
	(This does no	ot mean the	made of dyl	ng, e.g.,				UEN CE C	F:				
	Injury or com	ot mean the i osthenio, étc. plicotion which	h coused dec	th.)								7-10	
		ITECEDENT O		,the	(B)								
	DISEASES C	ABOVE CAU	INS, IF ANY	GIVING	DUE TO	OR AS A	CONSE	QUENCE	OF:				
-	UNDERLYIN	G CONDITIO	ON LAST.	ING INE									
CERTIFICATION					(c)								
IĘ	OTHER SIGN	IFICANT CON	II IDITIONS CO	NTRIBLL	iNG								
12	TO THE DEA	TH BUT NOT	RELATED TO	THE TERM	INAL								
		CONDITION											
I H	ZUA. DATE OF	OPERATION	208. CON	IDIIION	FOR WHICH OPERATION	N WAS F	ERFOR	AED			11000	21. AUTO	PSY? (Yes ar Na)
1.5												Y	ES
EDICAI		VAL CAUSE V			22B. PLACE OF INJURY	e.g., in a	r abaut	22C. WHE	RE DID	il in Boltimare	City, give exa	t location)	
ŏ	UNDERLYING UTING CA				hame, form, lactory, street,	affice bld	g., etc.) i	NJURY C	CCUR?				
Z	22D. TIME (	Month) (Do		) (Hour	) 22E, INJURY OCCUR	RED		ZZF. HOV	V DID IN	JURY OCCU	D2		
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	(APPROX.)				m. WORK	AT WORK							
1	23.												
	I certi	fy that I he	ld an Ir	aquity L	Inspection	Autops	XX Y	and t	hat on th	nis basis, a	death in my	plnion	
	result	ed from: No	atural cavi	es V	Accident S	icide L	JH	omicide		Undetermin	ed monner		
		( -		5	1.1.			CHIEF M	EDICAL E	XAMINER			
	ACTUAL		1-6	The 1	-lahr					XAMINER			DATE SIGNED
Н	SIGNATU			//ww		_M.D.							
	EXAMINE NAME (T		cidore	Miha	lakis, M.D.		ASSO	OCIATE M	EDICAL E	XAMINER		5/12/7	0
24	A. BURIAL CREA		4B. DATE	LITIIG	24C. NAME of CEMET	EDV (	DEMATA	) PV	0.40	OCATION			
RE	MOVAL (Specil	y)						JK I		LOCATION			
F	emoval B	hirial	61	7-70	Roseland	Park			S	o Berkl	ley, Oal	Land (	Co. Mich.
26	A. DATE REC'D	BY HEALTH D	EPT.	25B. N	AME OF REGISTRAR		25C.	FUNERAL	DIRECTO	OR .	ΔΓ	DRESS	
43			4050			-							
23			5 14/11	· Mash	LE C. VALUE. A	4.	Jol	n .T	Duda	7922 1	Jice ATTE	. Drin	dalk. Md.
23		JUN 1	6 19/0	166	est E. Jackey		Jol	ın J.	Duda	7922 V	Wise Ave	• Dun	dalk. Md. 21222

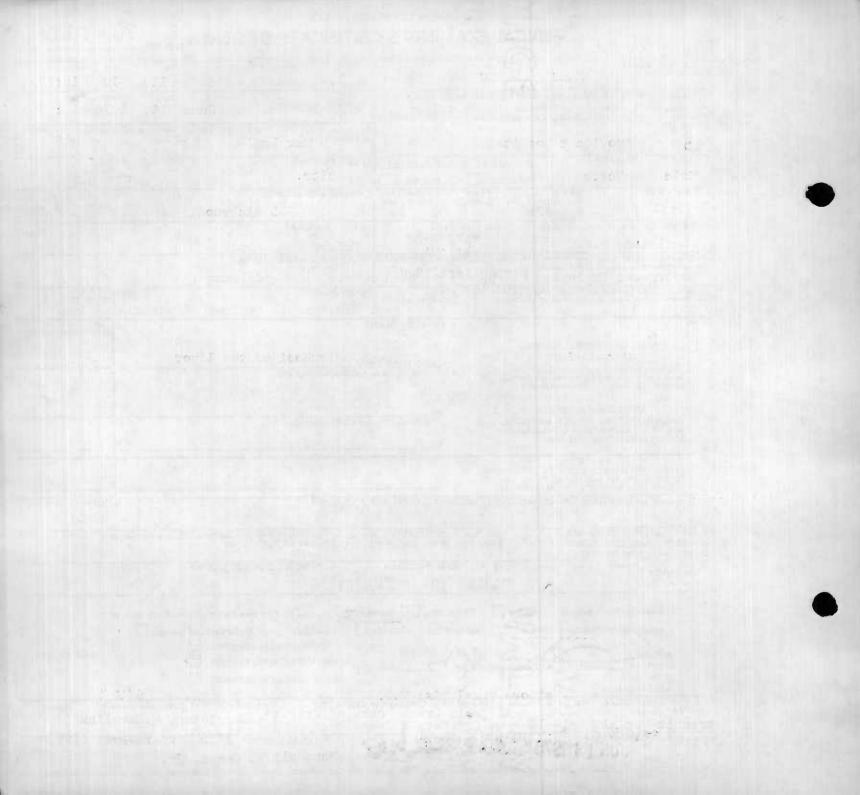
70 6131 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 613
I. NAME OF DECEASED W.	2. DATE Known Month Doy Year Hour
(Type or Print) THOMAS HAYNES	OF DEATH Esilmoted
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD June 13,1970 9:00
UNION MEMORIAL HOSPITAL (DOA)	S. USUAL RESIDENCE (Where deceased lived. If Institution; residence before odmiss  A. STATE Maryland  B. COUNTY  Baltimore
6. SEX 7. RACE B. MARRIED NEVER MARRIED	
Male White WIDOWED □ DIVORCED □	Sparrows Point YES NO
9. DATE OF BIRTH  Jane 20, 1916  10. AGE (In years   II Under 1 Yr. II Under 24 Hrs. Months: Doys   Hours   Min.	Box 381 Rt. #10, North Point Road
11. BIRTHPLACE (Stote or loreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY? U. S. A.	13. FATHER'S NAME Alan T. Phelps
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR'	
done during most of working lile, even il relired) Laborer Pipe Line Co.	Lottie E. Brown
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) No	Mr. Orvel E. Watts. Balto. Md. 21221
19.4 CAUSE OF DEA	APPROXIMATE INT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	osclerotic cardiovascular disease
(This does not mean the made of dying, e.g.,	CAUSE AS A CONSEQUENCE OF:
heort loilure, osthenio, etc. It means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF,
DISEASES OR CONDITIONS, IF ANY, GIVING  ANTECEDENT CAUSES  (B)  DUE TO, OR	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	AN A CONSEQUENCE OF
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W/	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED   21. AUTOPSY? (Yes or
0 2	yes (Head-0
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. UTING ☐ CAUSE OF DEATH.	in or obout 22C. WHERE DID (II in Boltimore City, give exact location) te bidg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT NOT AT WORK AT W	WHILE O
23.	ad-Only) and that on this basis, death in my opinion
resulted fram: Notyral causes Accident Suisid	
	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE AND MICHAEL MID	ASSISTANT MEDICAL EXAMINED
NAME (Type) Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 4 6/14/70
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24C. NAME of CEMETERY IVY Hill Come	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS

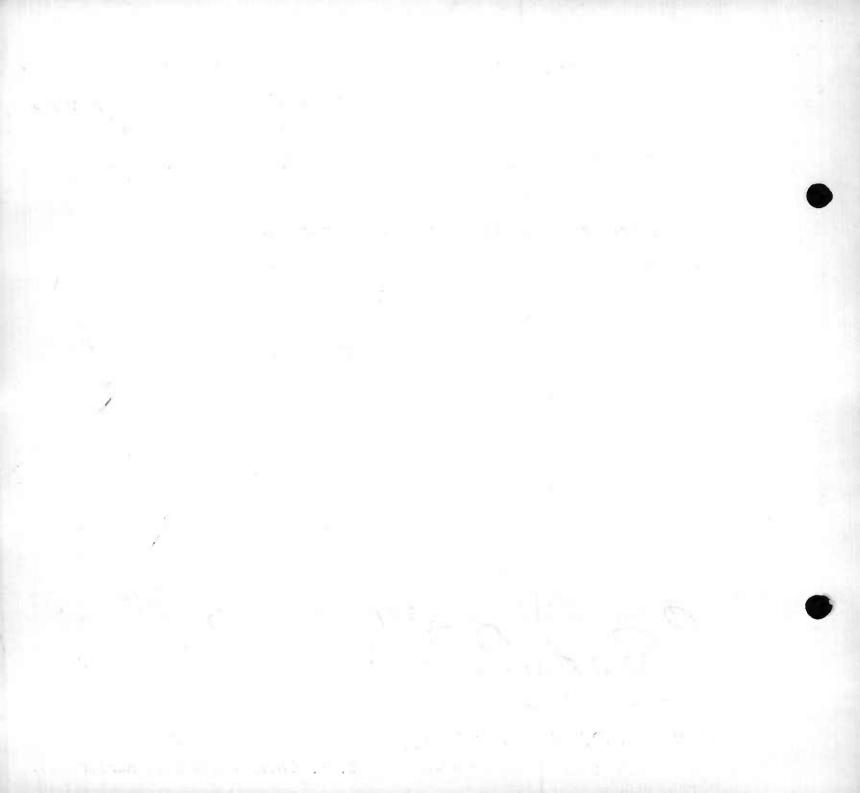
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ВІ	RTH NO. 7	0 6	13MED	ICAI	. E)	KAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	70	6132
1. (Ty	1. NAME OF DECEASED (Type or Print)  NELSON YOUNG							Knawn 🔲 Estimated 🔲	Month 6	Doy 11	Yeor 70	10:55p M.
FU	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION							UNCED DEAD	Month Ju			10:55 p
	39		ent Ho	spita	1		A. STATE	ESIDENCE (Where Maryland		B. COUNTY	n: residence	before admission)
	Male	7. RACE Negro		8. MARE	-	NEVER MARRIED DIVORCED	c. city of	Ito.		D. INSIDE C	ES E	№ □
	DATE OF BIRT	Н	10. AGE (In last birthday		If Un Mont	der 1 Yr. If Under 24 Hrs. hs Days Hours Min.	E. STREET	AND NUMBER	ichwood		-3 🗀	NO L
	BIRTHPLACE(	te, N.C	on country)		W	ITIZEN OF HAT COUNTRY?	13. FATHER	'S NAME	oung			
don	Governme	ent Emp	loyee	Agri	er1	susiness or industr tural Rese.	Cora	R'S MAIDEN NA	ME leman			
(Ye	WAS DECEAS I, no or unknown NO	(Il yes, give	U.S. ARMED	FORCES	52	17. SOCIAL SECURITY NO.	Mrs.	Minnie D.	Young		chwood	
CERTIFICATION	(This does in heart failure injury ar car DISEASES (RISE TO THE UNDERLYIN  OTHER SIGM TO THE DEL	LEADING TO of mean the , asthenia, etc nplication whi NTECEDENT OR CONDITI E ABOVE CA NG CONDITI IIIFICANT COI CONDITION CONDITION CONDITION	made of dyl It means the ch caused deo CAUSES ONS, IF ANY, USE (A) STAT ION LAST. II NDITIONS CO GIVEN IN PA	og, e.g., disease, lh.) GIVING ING THE	TING	(B) DUE TO, OR	CAUSE CIAS A CONSEG	QUENCE OF:	the li	ver		PPROXIMATE INTERVAL WEEN ONSET AND DEATH
L CERT	21	OPERATION	1 208. CON			WHICH OPERATION W						YES
	UNDERLYING UTING CA 22D. TIME OF INJURY (APPROX.) 23.	USE OF DEA (Month) (E	TRIB- TH. Poy) (Year)	quiry [	m. W	Inspection Au	WHILE ORK ORK ASSI	and that on the micide Little MEDICAL E	JURY OCCU ils basis, a Undetermin XAMINER XAMINER	death in my ed manner [	opinion	
RE	MOVAL (Specil ansit-bu	rial	6-14-70	)	I N	M●la Creek Ho Cemetery	ouse of	Prayer=		tte, N.		na
237	. DATE KEC'D	JUN 1	6 1970	166	AME	OF REGISTRAR		UNERAL DIRECTO			SDRESSE.	21213





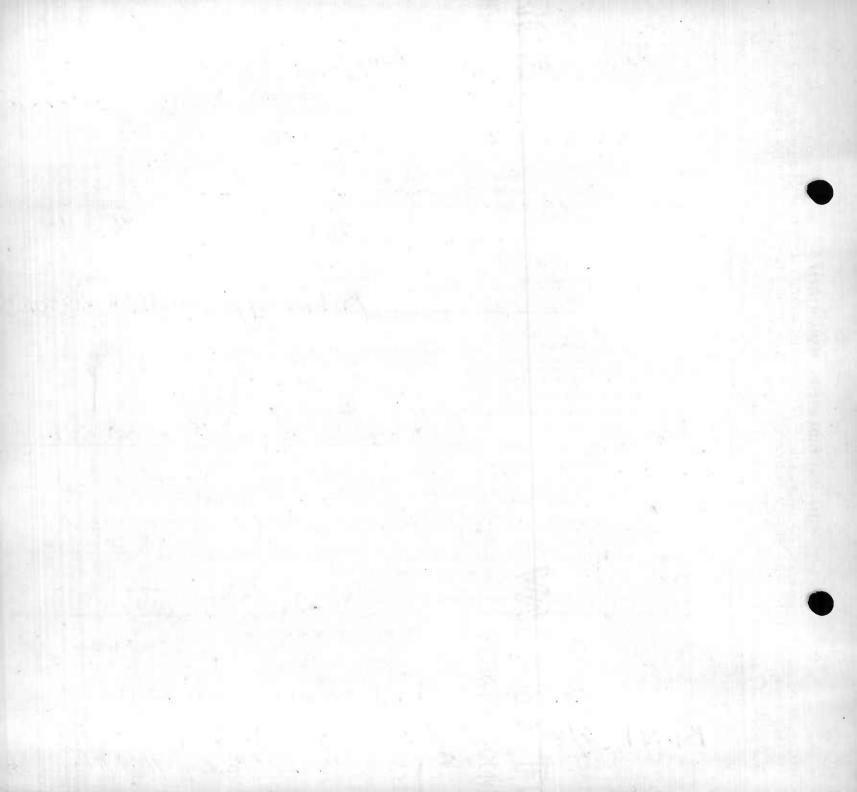
70	6134	BALTIMORE CITY HE	ALTH DEPAR	TMENT				
11200	MEDICAL	EXAMINER'S			DEATH		70 613	) A
BIRTH NO.	MEDICAL	EXAMILATER 5	CEKTIII	LAIL OF	DEATI	REG. NO	10 PTG	) 4
1. NAME OF DECEASED (Type or Print)	ELIZABETH	DICKEY	2. DATE OF DEATH	Known K	Month June	Doy 9,	Yeor Hour 1970	
HOSPITAL ADDR	ARYLAND, WHERE PRODITION OF INSTITUTE OF LOCATION)		3. DATE	NCED DEAD	Month June	Doy 9,	Yeor Hour 1970 8:4	0 A.
OR INSTITUTION 2003	E. Federal		IIA. STATE	SIDENCE (Where		d. If Institution:	residence belore odn	nission)
6. SEX 7. RACE	8. MARRI	ED NEVER MARRIED	C. CITY OR	NWO		D. INSIDE CIT	Y LIMITS?	-
Female Neg			E E	altimore		YE	NO D	
2. DATE OF BIRTH	10. AGE (in years lost birthday)	# Under I Yr. II Under 24 Hrs. Months, Days, Hours, Min.		ND NUMBER	ederal			
11. BIRTHPLACE Stote or lore		2. CITIZEN OF /WHAT COUNTRY	13. FATHER'S		W	)		
done during most of working House	ve kind of work I 4B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER	S MAIDEN NAM	NE - CAMP	)		
16. WAS DECEASED EVER IN (Yes, no or unknown) (II yes, give	U.S. ARMED FORCES?	17. SOCIAL SECURITY NO.	18. INFORM	instant	Suita	-720	DRESS Sheir	0 00
19. 14-1 2 4-1		CAUSE OF DEA	TH	100	0	1000	APPROXIMATE BETWEEN ONSET	
DISEASE OR CON	OTTON DIRECTLY						BETWEEN ONSET	AND DEATH
LEADING T		(A)IMMEDIATE C	AUSE Art	erioscler	otic C	ardiovas	scular Dise	ease
(This does not mean the heart follure, osthenia, et injury or complication wh	c. It means the disease,		AS A CONSEQU	ENCE OF:				
injury or complication wn	ich coused deom.							
ANTECEDENT	CAUSES	(B)	AS A CONTESO	UE 100 OF				
DISEASES OR CONDITION RISE TO THE ABOVE CAUNDERLYING CONDITION	USE (A) STATING THE	50E 10, OK 2	AS A CONSEQ	DENCE OF:				
Z ONDERETING CONDIT	HOIN EAST.	(c)						
OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION ADDITION OF THE DEATH BUT NO DISEASE OR CONDITION OR CON	II NDITIONS CONTRIBUTI T RELATED TO THE TERMIN I GIVEN IN PART 1 (A).	NG NAL						
20A. DATE OF OPERATIO		OR WHICH OPERATION WA	S PERFORME	D			21. AUTOPSY? (Yes	or No)
22A. EXTERNAL CAUSE UNDERLYING OR CON UTING CAUSE OF DE	ITRIB- h	28. PLACE OF INJURY (e.g., ome, form, factory, street, office	In or about 22 bldg., etc.) IN	C. WHERE DID (I	lf In Baltimore	City, give exact	location)	
T	Doy) (Year) (Hour)		WHILE	HOW DID INJ	URY OCCUR	?		
23.								
I certify that I h			lopsy K	and that on th				
resulted from:	latural causes	Accident _ Suicid				d manner		
ACTUAL	/ le	21, 20		HEF MEDICAL E			DATE SIG	NED
SIGNATURE	un o	· Ja Mo		ANT MEDICAL E		ے آ		
I wait (lype)		pringate, M.D.		IATE MEDICAL E		Ju	ne 9, 1970	)
24A. BURIAL CREMATION, REMOVAL (Specify)	C/12/70	BACTI D	or CREMATOR	6 Cm 240. L	Bill	(City, town,	or county) (St	pio)
JUN 16 1970		ME OF REGISTRAR	25C. FU	NERAL DIRECTO	~	Roya )	ORESS 112971	Ordin 1
VS 151-REV. 1/1/68				/			757/6	

IMPORTANT

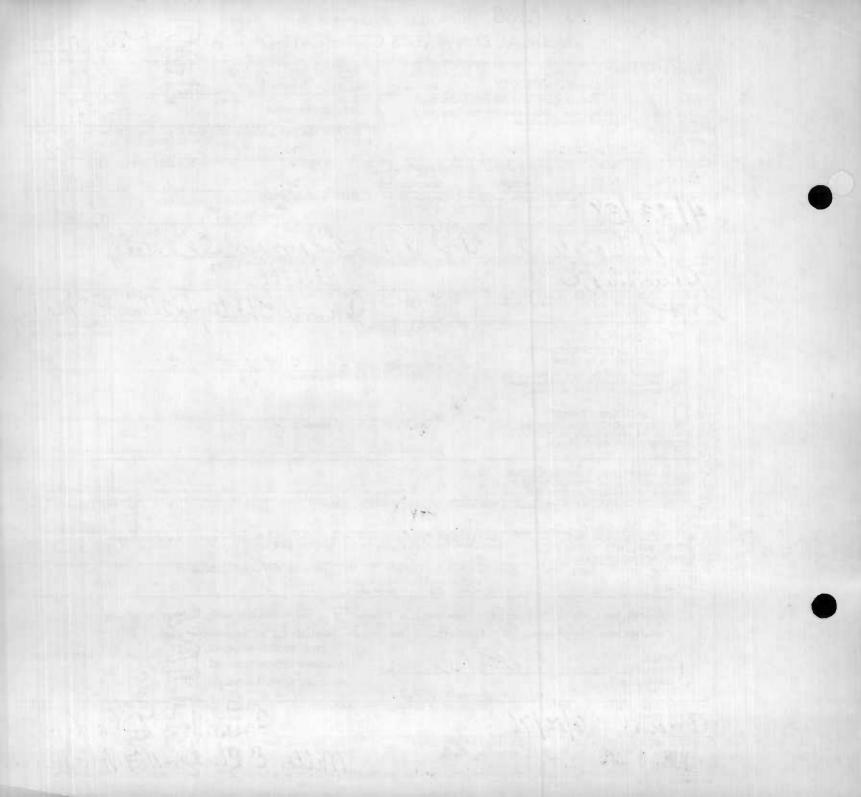
DIRECTOR:

FUNERAL

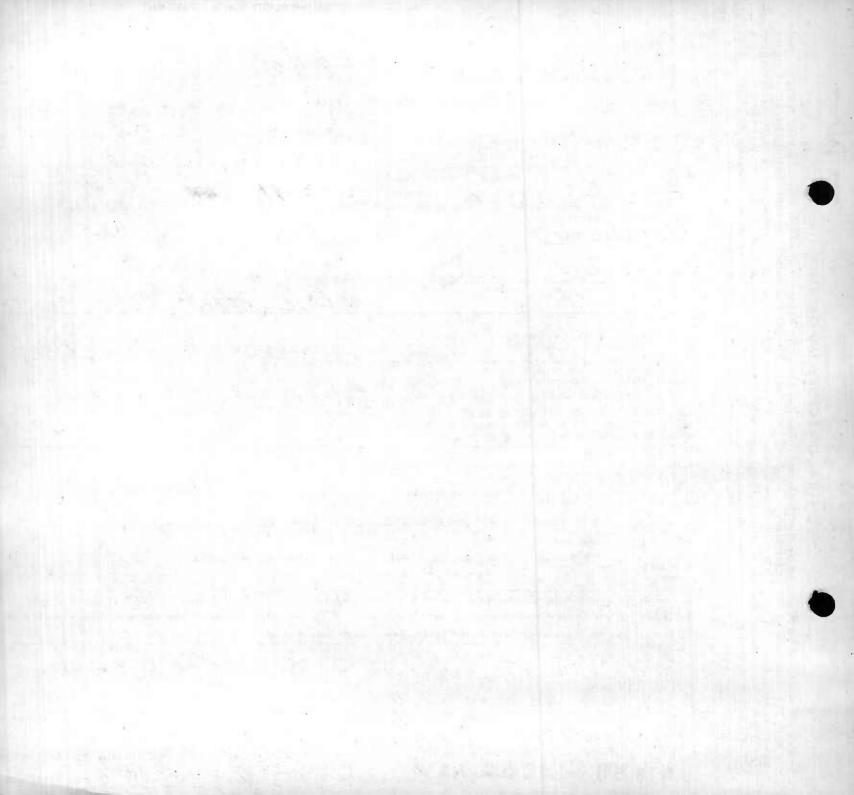
VS 150-REV. 1/1/6B

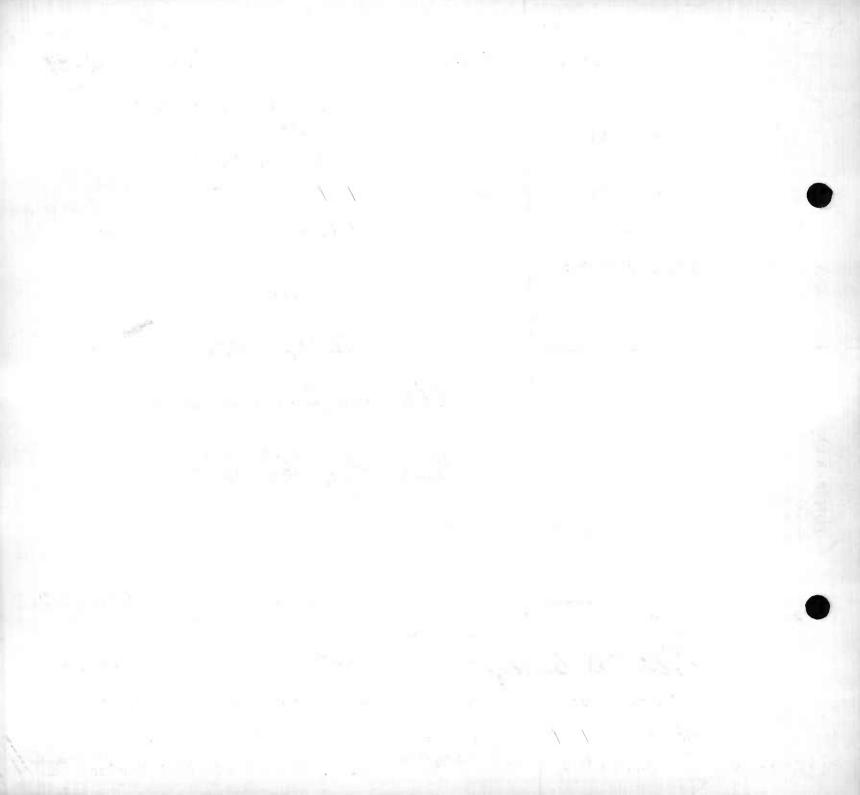


70 6136 BALTIMORE CITY HE		
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO	70 6136
I. NAME OF DECEASED	2. DATE Known Month Day	Year Hour
(Type or Print) ALICE N. WHITELY	OF DEATH Estimated	, , , , , , , , , , , , , , , , , , ,
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 6 8	1970 2:10 A.,
OR INSTITUTION	S. USUAL RESIDENCE (Where deceased lived. If institution A. STATE  B. COUNTY	in: residence before admission)
910 N. Castle St.	Md.	109
6. SEX 7. RACE 8. MARRIED NEVER MARRIED NEVE	C. CITY OR TOWN D. INSIDE C	
Female Negro WIDOWED DIVORCED DI		res 🖾 NO 🗌
2122 (3 last birthday) Months Days Hours Min.	910 N. Castle St.	
11. BURTHPLACE (Store on foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
A Carolina WHAT COUNTRY?	Themas It his	olei
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME	
Houselings	lidell!	V
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no or unknown)(If yes, give war ar dates of service)  17. SOCIAL SECURITY NO.	18. INFORMANT SILE HOLDS	DDRESS + 9/1/1
19. CAUSE OF DEA	THE THOUSE AND THE	APPROXIMATE INTERVAL
7 × 9 X	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE Idiopathic myocardopathy	
	AS A CONSEQUENCE OF:	
injury ar camplication which caused death.)		
ANTECEDENT CAUSES (8)		
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
Z UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED	21. AUTOPSY? (Yes or No)
		yes
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., hame, farm, factory, street, office	in or about 22C. WHERE DID (II in Baltimare City, give extending, etc.) INJURY OCCUR?	act location)
☐ UTING ☐ CAUSE OF DEATH.		
22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED	WHILE -	
	WORK	
I certify that I held an Inquiry Inspection Au	stopsy 🔄 and that on this basis, death in m	opinian
resulted fram: Natural causes (X) Accident Suici	de Homicide Undetermined manner	
0.61	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE ME	ASSISTANT MEDICAL EXAMINER	DAIL OIGHTS
EXAMINER'S NAME (Type) Russell S. Fisher, M.D.	ASSOCIATE MEDICAL EXAMINER	6-8-70
24A. BURIAL CREMATION, 24B. DATE / 24C. NAME of CEMETERY	or CREMATORY 240. LOCATION (City, tov	rn, ar caunty) (State)
RAMOUN G/12/70	Grenville,	M. Cardona
25A. DATE REC'D BY HEALTH DE T. 259 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS C
JOH TO 1910 and	Much Course 11	X/ // (Clarker)
VS 151-REV. 1/1/68		

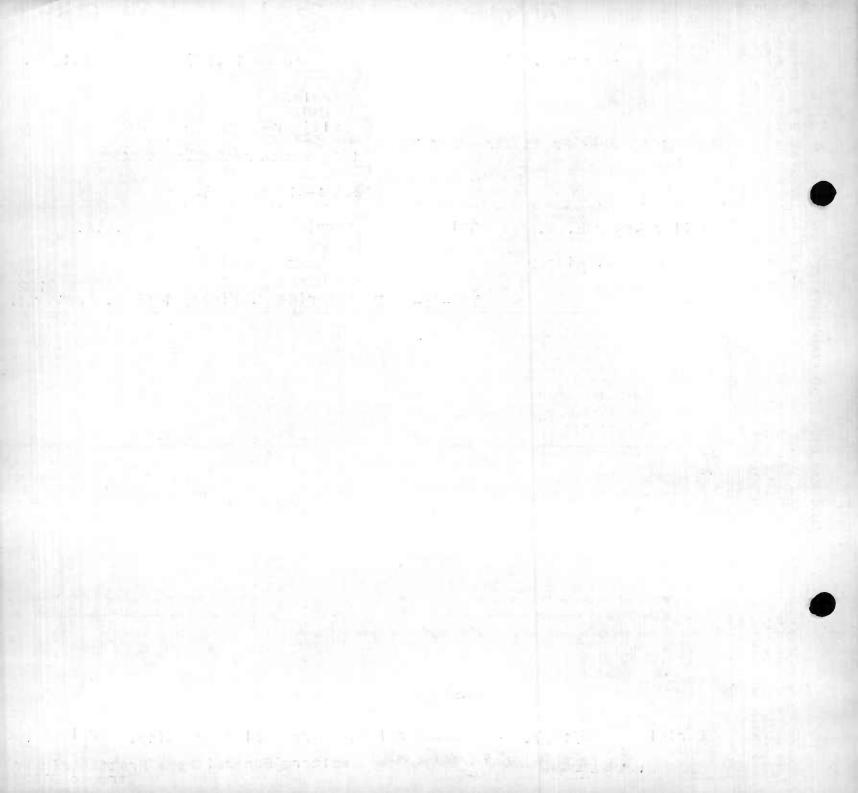


BALTIMORE CITY HEALT	TH DEPARTMENT
BIRTH NO. 6137. CERTIFICATE C	OF DEATH REG, NO. 70 6137
TNAME OF DECEASED Griffin, Irene Alias Wanta	Bulford) 6/14/70 845 Am.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USI	JAL RESIDENCE (Where deceosed lived, If institution; residence before odmission) TE B. COUNTY
HOSPITAL OR ADDRESS OR LOCATION)	nd: 709
INSTITUTION	OR TOWN  D. INSIDE CITY LIMITS?  YES NO NO
Good Samaritan Hospital E. STR	EET AND NUMBER
9	21 Shuter 5t. 21205
S. SEX O. RACE / MARRIED NEVER MARRIED 8. DAT	F OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
WIDOWED DIVORCED 1	
done during grast of warking life, even il retired)	·D
13. PATHER'S NAME	OTHER'S MAIDEN NAME
7 3 10 1	
15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL 17. INF	ORMANY ADDRESS
(Yes, no or unknown) (If yes, give war ar dates of service) SECURITY NO.	the Strek, 2036 Musis
18. 4 3 1 0 1 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ich as a surviva Hendaruhan 27 days
(This does not mean the made of dying, e.g.,  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONS	ubarachnois Hemorrhage 27 days
hearl foilure, asthenia, etc. II means the disease, injury ar complication which caused death.)	
ANTECEDENT CAUSES (B) Hypertens	uon years
Districts, it dity, giving	SEQUENCE OF:
UNDERLYING CONDITION last. (C)	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
▼ DISEASE OR CONDITION GIVEN IN PART † (A).	All control
WAS PERFORMED	AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obo	ut 21 C. WHERE DID (If In Baltimare City, give exact lacation)
DEATH (notify medical examiner)	99 HTTO AT 5 5 5 5 K.
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work	
22. I certify that (4) (this haspital) attended the deceased from	19 19 70 to 6/14 19 70
that (4) (we) last saw the deceased alive an	9.70 Carra ond that in (44) (our) opinion death occurred on the date
0: 0/ - 1	23B. DATE SIGNED
G. M. MCCUL, MID, GEGREE Phys. L	Med. Stoff Phys. 8 6/14/70
23C. PHYSICIAN'S NAME (Type)	DK522
24A. RUPLAL CREMATION 24R. DATE A 24C NAME of CEMETERY of CREMATOR	(Stote)
REMOVAL (Specify)	24D. LOCATION (City, town, or county) (Stote)
25 A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 256	FUNERAL DIRECTOR 1129 MICH ADDRESS
	live tuneral stories
VS 150-REV. 171/6B	
	BIRTH NO.    BIRTH NO.   G   G   G   G   G   G   G   G   G







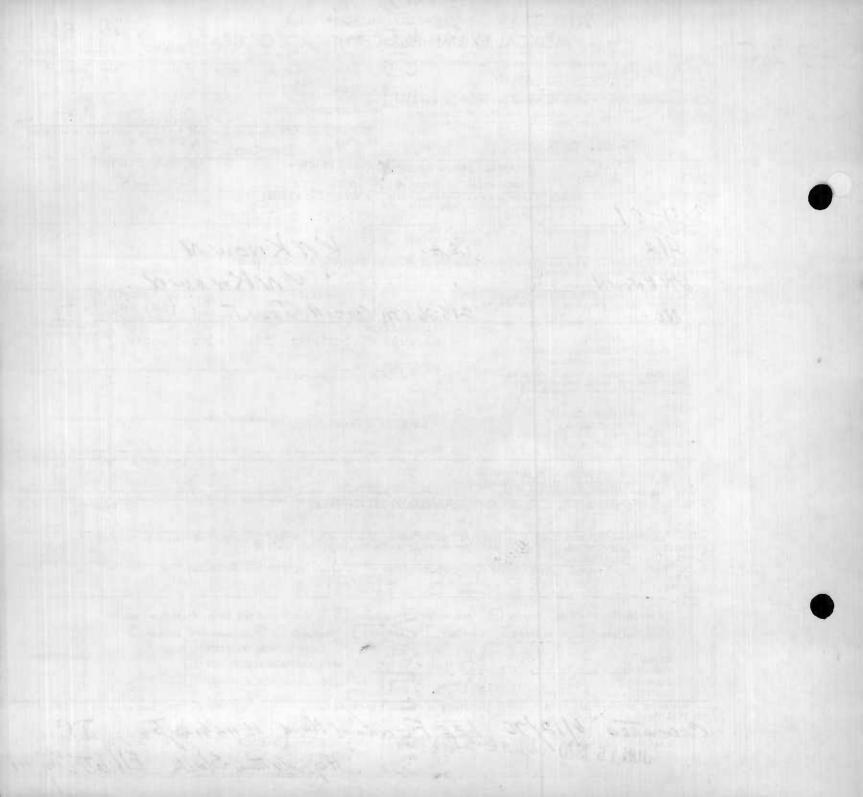


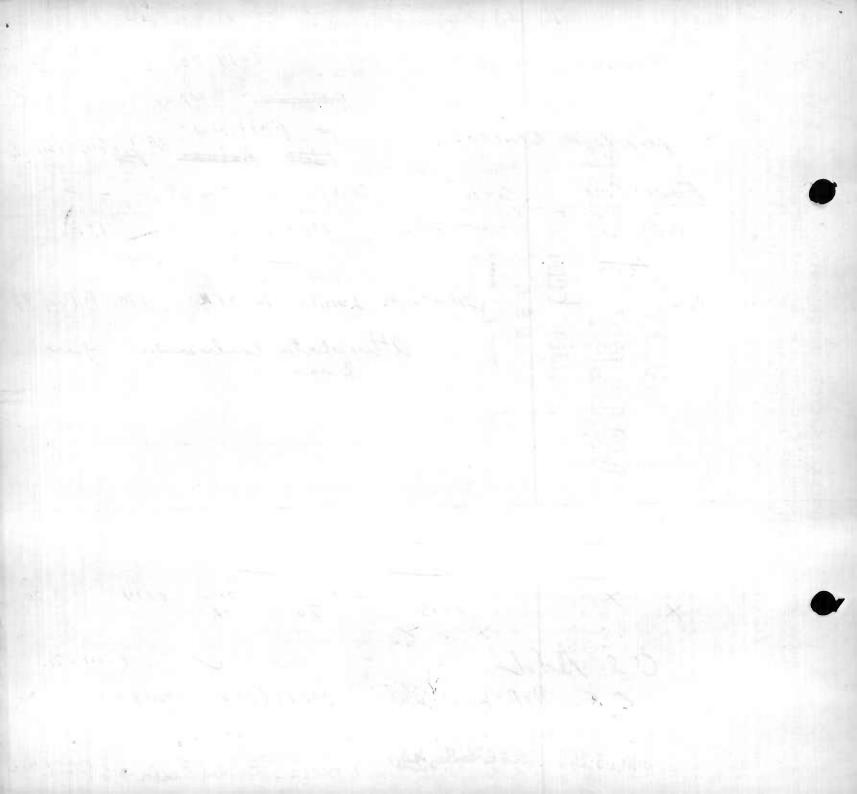
5-325

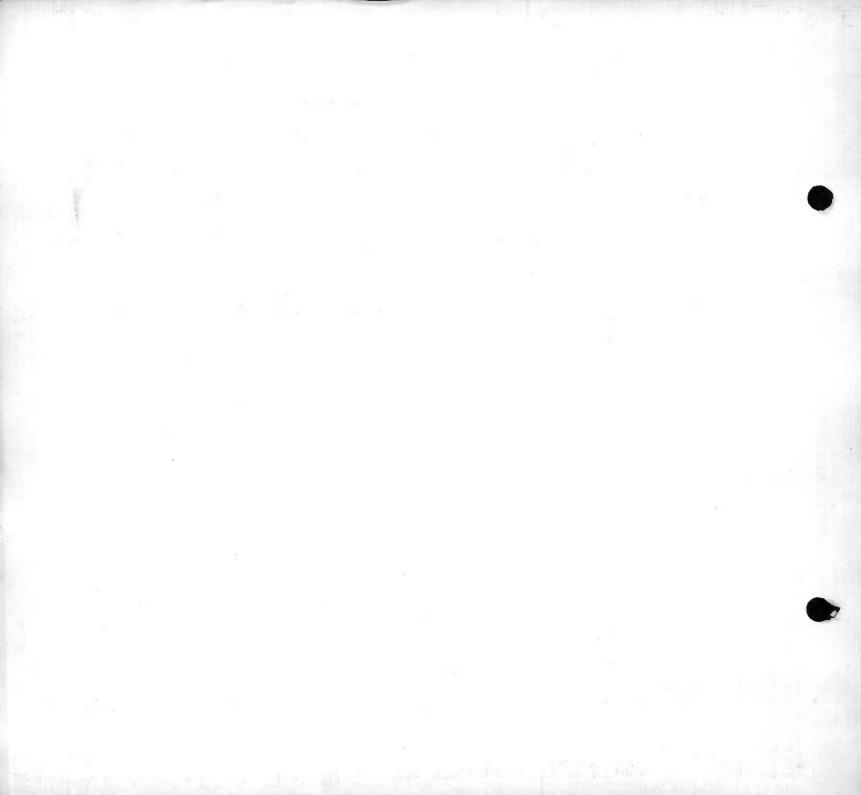
70 6141 BALTIMORE CITY HEALTH DEPARTMENT

70 6141

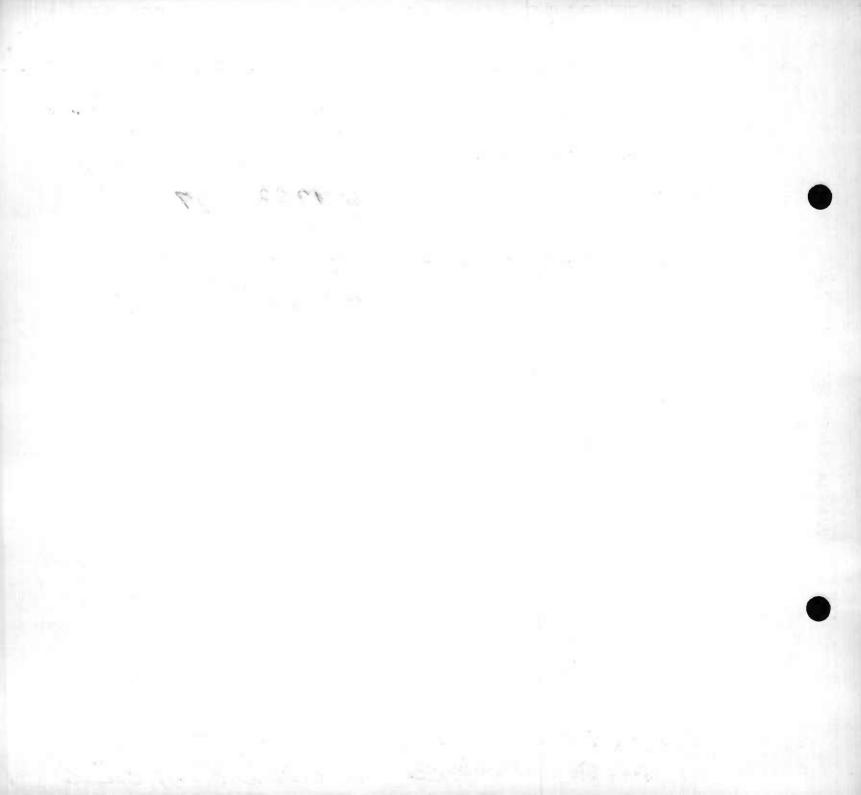
BI	RTH NO.		ILDICA	LAA	WIII TER 5	CLKIIII	CAIL	ו טב	A111	REG. NO		
1. (Ty	NAME OF DECEA	SED ENJAMIN S	SITTASON			2. DATE OF DEATH	Known [		th	Doy	Year	Hour
FU	PLACE IN BALTING L NAME OF SPITAL INSTITUTION  816	(IF NOT IN HE ADDRESS OR	3. DATE PRONO		N	lay 2	Day  1,1970  If institution COUNTY	Yeor	7:20 P. M			
	sex 7.	White		RIED N	EVER MARRIED	C. CITY OR	TOWN	,	D	. INSIDE CI	TY LIMITS?	№ □
9.	PATE OF BIRTH	/ lost b	GE (In years pirthdoy) 69	Months	Yr.    Under 24 Hrs Doys   Hours   Min	816 S	t. Paul		t			
	BIRTHPLACE (Stote			ele	COUNTRY?	13. FATHER	NK	Nou	VN	/		
don	UN KNO	king life, even if re	tired)		NESS OR INDUST		MA	1K	100	N		
16. (Ye	WAS DECEASED s, no or unknown) (II	yes, give wor or	dates of service	3	SOCIAL SECURITY NO. CAUSE OF DE	LARDE	11 1	VART	30	Thige	villE	POR DE INTERVAL
NO	(This does not heart follure, os Injury or compli	DR CONDITION ADING TO DEA' mean the mode thento, etc. It me leation which cour ECEDENT CAUS CONDITIONS, BOYE CAUSE ( CONDITION I	TH  of dying, e.g., ons the disease, sed deoth.)		(B)		UENCE OF:	Lovasc	ular	diseas	se	
CERTIFICATION	TO THE DEATH	CANT CONDITIO BUT NOT RELAT ONDITION GIVES	ED TO THE TERM	MINAL	Emph	vsema						
	20A. DATE OF O	PERATION 208	CONDITION	FOR WHI	CH OPERATION V	VAS PERFORM	ED				yes	OPSY? (Yes or No)
MEDICAL	UNDERLYING UTING CAUS  22D. TIME (Mo OF INJURY (APPROX.)  23.  I certify resulted			home, farm	spection A	T WHILE WORK Utopsy Med He	2F. HOW DI	O INJURY  on this be  Under	occurrence de la companya de la comp	eath In my d monner [	opinion	DATE SIGNED
	SIGNATURE EXAMINER NAME (Typ	e) Isia	lore Mih		s,M.D.	ASSO	CIATE MEDIC			]	5/22/	
25 25		ON 6/	12/70 10828	24C. N	AME of CEMETER	Tank.	FUNERAL DIE	MARECTOR	5/00 5/00	is Ton	DDRESS	State)  This is the second of
VS	151-REV. 1/1/68					the last	4.4	6				







-6201	70 6144 BALTIMORE CITY HEALTH DEPARTMENT 70 6144
F 9 9 7 9	BIRTH NO. CERTIFICATE OF DEATH
death death cease on the	T.NAME OF DECEASED (Typo or Print)  Pierce, Inez  2. OATE AND HOUR OF DEATH  June 15, 1970  2:35 P.J.
of of ce o cath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admission)  A. STATE B. COUNTY
Se Se de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND  [IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION]  [C. CITY OR TOWN D. INSIDE CITY LIMITS?
- 3	Baltimore YES X NO [
red in outing ed cau ar att prior de.	The Johns Hopkins Hospital  1504 N. Bradford Street 21213
trib min gul	Female Negro WIDOWED DIVORCED 8. DATE OF BIRTH 9. AGE (in years lost birthday) Months: Doys Hours Min.
e n e	10A, USUAL OCCUPATION (Give kind of work 108, KINO OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole of foreign country)
(4) UI was the sposi	William 34. Hallog 14. MoyHer's MAIOEN NAME Zulk Whate
death nce on final di	15. Wos Occosed Ever in U. S. Armed Forces? (Yos, no or unknown) (If yes, givo wor or dolos of service)  16. SOCIAL SECURITY NO.
	18. CAUSE OF DEATH  APPROXIMATE INTERVAL
Also, if re of any nounced attenda	DISEASE OR CONDITION DIRECTLY
aro re	IThis does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:
fra fra o gel	ANTECEDENT CAUSES
₹ s s s s s s s s s s s s s s s s s s s	DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:
-	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)
remains	z
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH OF THE TERMINAL  O DISEASE OF CONDITION SIVEN IN PART (AN)
	DISEASE OR CONDITION GIVEN IN PART ( IA).  19A-OATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  19A-OATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	165
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg. INJURY OCCUR?
	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURED 21F. HOW DIO INJURY OCCUR?  While At Work At Work
000	22. I certify that (I) (this haspital) attended the deceased fram
	that (1) (we) lost sow the deceased office an
	ond hour and from the causes stated abave. (1) (We) (dld) (dld nat) view the bady after death.
	23A. SIGNATURE  Attending Med. Director Phys.  23B. DATE SIGNEO  (a) 15/70
1	230. PHYSICIAN'S NAME (Type) MALL DONOW 1 3 DEGREE The Johns Hopkins Hospital
	REMOVAL (Specify) (City, lown, or county) (Stole)
	25A. DATE REC'O BY HEALTH OFFT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR AND
	1UN 17 Bro Valent E. railey To Military mil Cum
	VS 150-REV. 1/1/68



5-610	70	6145	BALTIMORE CITY HE	ALTH DEPAI	RTMENT					
	ME	DICAL	EXAMINER'S	CERTIFIC	CATE OF	DEAT	H	70	614	5
BIRTH NO.	CEACED						KEG. NO	•		
(Type or Print)		E.	KK Scarborough	2. DATE OF	Known   Estimated	Month	Day	Year	Hnur	
4. PLACE IN BA	LTIMORE, MARYLAND,			DEATH 3. DATE	Estimated L.I	Month	Day	Year	Hour	М
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INST	TUTION, GIVE STREET		UNCED DEAD	6	14	1970	2:05	N
	125 St. Thom	nas Brig	e Ave.	A. STATE	Md.	e daceased li	B. COUNTY	n: residence b	elara odmi	ssian)
6. SEX	7. RACE	8. MARRI	ED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?		-
Female	White	WIDOW	ED DIVORCED	Ва	1to.		,	res 🖺	по 🗆	
9. DATE OF BIRT	last birthd	ay)	# Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.		St. Tho	mas <b>XXX</b>				
	State or foreign country)	1	2. CITIZEN OF	13. FATHER						
Ma	ryland		WHAT COUNTRY?			Milto	on Wills	5		
4A.USUAL OCCL	JPATION (Give kind al wor	148. KIND	OF BUSINESS OR INDUSTR	15. MOTHE	R'S MAIDEN NA	ME				
Cash	ier		eatre				ine Schn	nidt.		
16. WAS DECEAS	ED EVER IN U.S. ARME	D FORCES	17. SOCIAL	18. INFORM			A	DDRESS		
No	, to you give wor di delle		215-40-0211	Mr. Mi	lton H. V	Vills,	3904 For	rester	Ave .	2120
19. 4/ 5	2,41		CAUSE OF DEA	TH				API	PROXIMATE IN	NTERVAL
DISEAS	E OR CONDITION DIR	ECTLY	Arterioscler	otic ca	rdiovascu	lar di	sease	-		
foto .	LEADING TO DEATH		(A)IMMEDIATE	AUSE						
(This does not heart foilure	not maon the made of d e, asthenia, atc. It means th	ying, e.g., le disease,		AS A CONSEQ	UENCE OF:					
Injury or con	mplication which caused d	ooih.)								
	NTECEDENT CAUSES		(8)	11						
RISE TO TH	OR CONDITIONS, IF AN	IY, GIVING	DUE TO, OR	AS A CONSEC	QUENCE OF:					
I UNDERLYII	NG CONDITION LAST.		(c)							
일	- 11									
DISEASE OF	NIFICANT CONDITIONS ( ATH BUT NOT RELATED TO R CONDITION GIVEN IN	THE TERMIL	NAL Chronic		ma of lun	gs				
20A. DATE O	F OPERATION 20B. CO	NDMON F	OR WHICH OPERATION WA	AS PERFORM	ED			21. AUTO	PSY? (Yes o	r No)
14								ye	es	
S UNDERLYING	NAL CAUSE WAS GOR CONTRIB- LUSE OF DEATH.	2 h	28.PLACE OF INJURY (e.g., ome, farm, factory, streat, office	in or obout 22 bldg., etc.) IN	UURY OCCUR?	(If In Baltimo	e City, give ex	act location)		
≥ 22D. TIME OF INJURY	(Month) (Doy) (Yes	r) (Hour)	22E.INJURY OCCURRED	22	2F. HOW DID IN	JURY OCC	JR?			
(APPROX.)			n. WHILE AT WORK AT W	WHILE						
23.				100						
			Inspection Au	topsy X	and that on th	his basis,	death in my	opinion		
resul	ted from: Natural ca	uses X	Accident Suicid	le Ho	micide 🔲 🗆	Undetermi	ed manner			
ACTUAL		-/		C	HIEF MEDICAL E	XAMINER	X		DATE CION	IFO
SIGNAT		Jus.	her M.D	ASSIS	TANT MEDICAL E	XAMINER			DATE SIGN	AED
EXAMIN	ER'S Russell	1 C F	Tisher, M.D.	ASSO	CIATE MEDICAL E	XAMINER			6-15-	70
24A. BURIAL CREA	MATION. 248 DATE		24C. NAME of CEMETERY	OF CREMATO	PV 1240	LOCATION	(Cr. · ·			
REMOVAL (Speci Buria	(v) 6/18,	/70.	Jerusalem Lut				1timore	, Md.	(Stat	le)
25A. DATE REC'D	BY HEALTH DEPT.	258. NA	ME OF REGISTRAR		UNERAL DIRECTO	OR .	A	DDRESS		
	THE PARES	3.0	. All	Leo	nard J. R	uck, I	nc. Bal	to. Md	. 2121	4
7016 IN 17676	ALA ALCONO	1 7 7 6			<del>```</del>					

, Wilder Cotton Her Hill . noted and the temperate (the carried an notal state of the carried to And around the second description of the second sec laters of Junes, time, Laile, Ed. 1921

1			BALTIMORE CITY	HEALTH DEPARTMENT		lev O
BIRTH NO.	70	3146	CERTIFICA	TE OF DEATH	REG. NO.	70 6146
1. NAME OF DEC	JORDAN,		S EQWARD	2. DATE	NE 15, 1970	0 1:00P
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU		4. USUAL RESIDENCE (WA. STATE B. COM	here deceased lived. If in	nstitution: residence before admission)
HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	(NON)		C. CITY OR TOWN BALT I MORE	D. INS	YES NO
/ -	ST. AGNES	HOSPI	IAL	414 PONT IA	C AVE 2122	25
MALES	6. RACE WHITE	WIDOWED	NEVER MARRIED DIVORCED	05/02/01	9. AGE lin years last birthdoy!	If Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
CONTA CT	OPE RATOR	CHEMI		VIRGINIA	reign country)	U.S.A.
JAMES J				NANNIE (NEF	BAREFORD)	IORDAN
5. Was Deceased Yes, no of unknown)	Ever in U. S. Armed Forc	es? of service)	16. SOCIAL SECURITY NO. 216-05-448	17. INFORMANT		ADDRESS
NONE 18.4 10	91		CAUSE OF DEATH		HOSPITAL RE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not heart foilure, of injury or company of the DISEASES Of tise to the	LEADING TO DEATH of mean the mode of sitherio, etc. It means offication which caused NTECEDENT CAUSES R CONDITIONS, if a obave cause (A)	the disease, deoth.)		SE CONSEQUENCE OF:  MY CANAL  A CONSEQUENCE OF:	al Infare	lia
OTHER SIGNIFICATION TO THE DEATH	CONDITION lost.  II  CANT CONDITIONS CON I BUT NOT RELATED TO TH INDITION GIVEN IN PART OPERATION 198. COND WAS PERF	E TERMINAL  1 (A).  HTION FOR W	(c)	rein nemotro	Delenet  No) 208. IF YES, WERE IN CERTIFYING CA	muschi pust, imerplaines FINDINGS CONSIDERED USES OF DEATH?
21A- ACCIDEN OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF	21 B. home	PLACE OF INJURY (e.g., in p, form, foctory, street, off	or obout 21C. WHERE DID		e City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) [Doy) [Yeot)	The state of the s	INJURY OCCURRED  Not White	21 F. HOW DID IN	JURY OCCUR?	
22. I certify that (I) (we) I	hat (I) (this hospital) ast sow the deceased	attended th	e deceased fram	70	19 70 to JUNE	nlan death occurred on the date
	fram the causes state		(We) (did) (did nat) vi	ew the bady ofter death		23& DATE SIGNED 06/15/70
	R. G. PATR	ICK MD	2	Director LI 3D. ADDRESS ST. AGNES HO		
REMOVAL (Sp	ATION, 24B, DATE	24C. NA	ME of CEMETERY of CREA	MATORY 24D,	LOCATION (Cit	ly, town, or county! (State)
JUN 17 13 /s 150-REV. 1/1/6	10 Robert E.	SE NAME O		25C. FUNERAL DIRECTO	//	ADDRESS 237 Patapsco Ave.

THE REPORT OF THE PARTY OF THE

5 1 40 men

JUNE BUT THE TELL TO

7 A Act 500 500

. 5.7.11 STATE OF STA

The Administration of the Control of

The state of the s

Althea Ave,



25C. FUNERAL DIRECTOR

Funeral

Walters

ADDRESS

Home Pratt&Stricker Streets 21223

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

25B. NAME OF REGISTRAR

THE STATE OF THE S 1. to the state of th

\*\* 1 35 to 1 1 1 1 1 5 1 1 1 1 1 1 Year

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IMPORTANT

DIRECTOR:

FUNERAL

10-15-90 79

Housewife Maryland

Gregory Milanicz

(Son) 613 S. Decker Avenue
None Mr. Lawmence A. Fuller Balto. Md. 21224

Coronary Thombres ?

23

U.S.A.

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May 5 Jan 1965 June 15 7

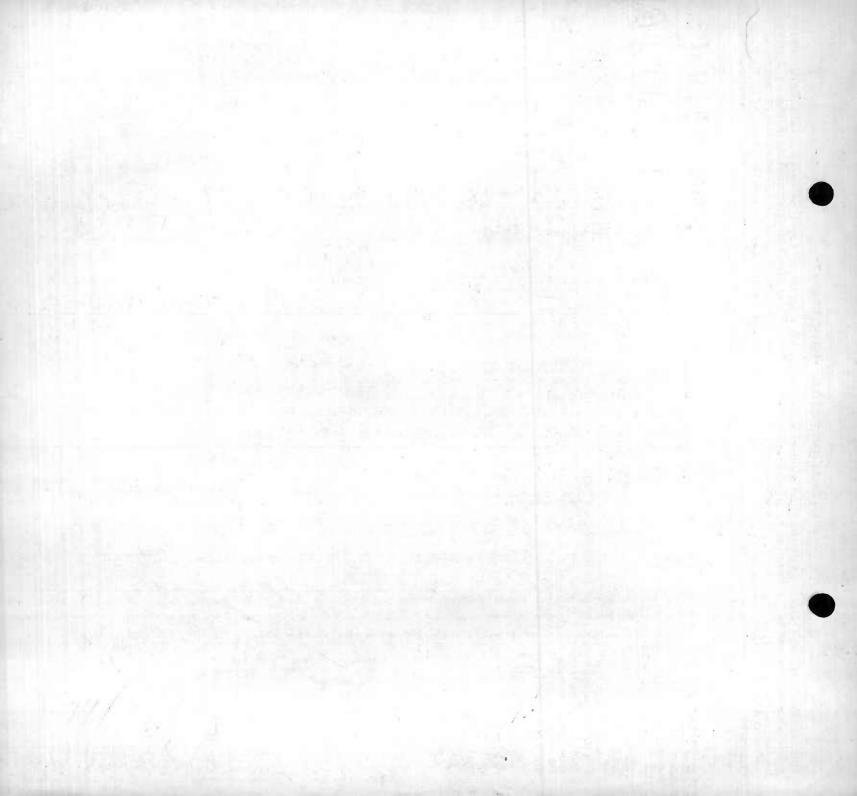
6-16-70

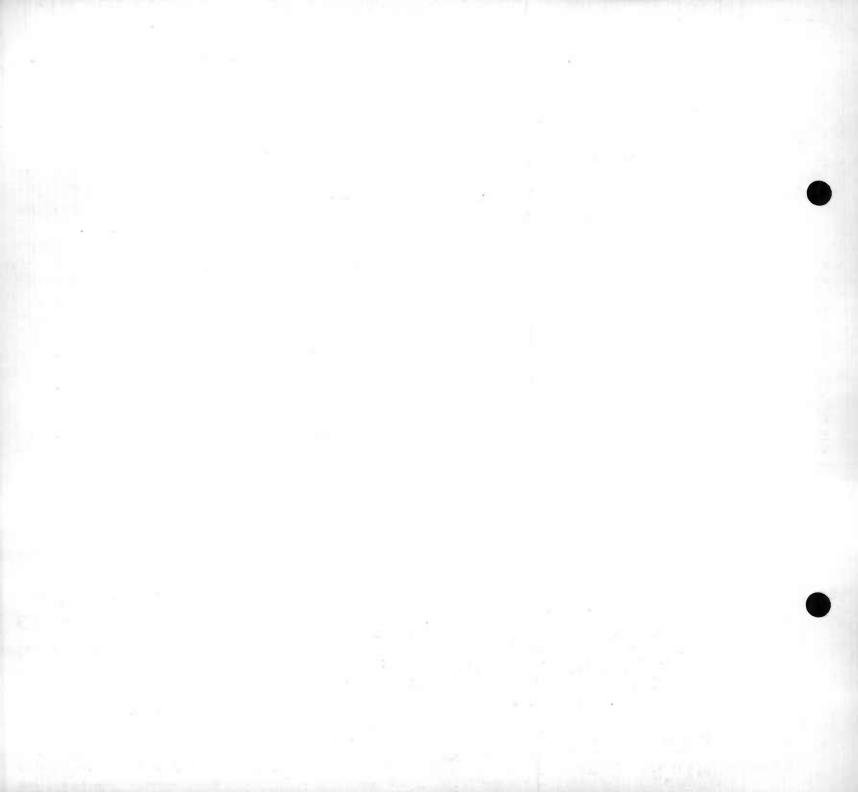
6-18-70 St. Stanislaus

Baltimore, Maryand

John J. Buda 2829 Hudson St. Balto. Md. 21224

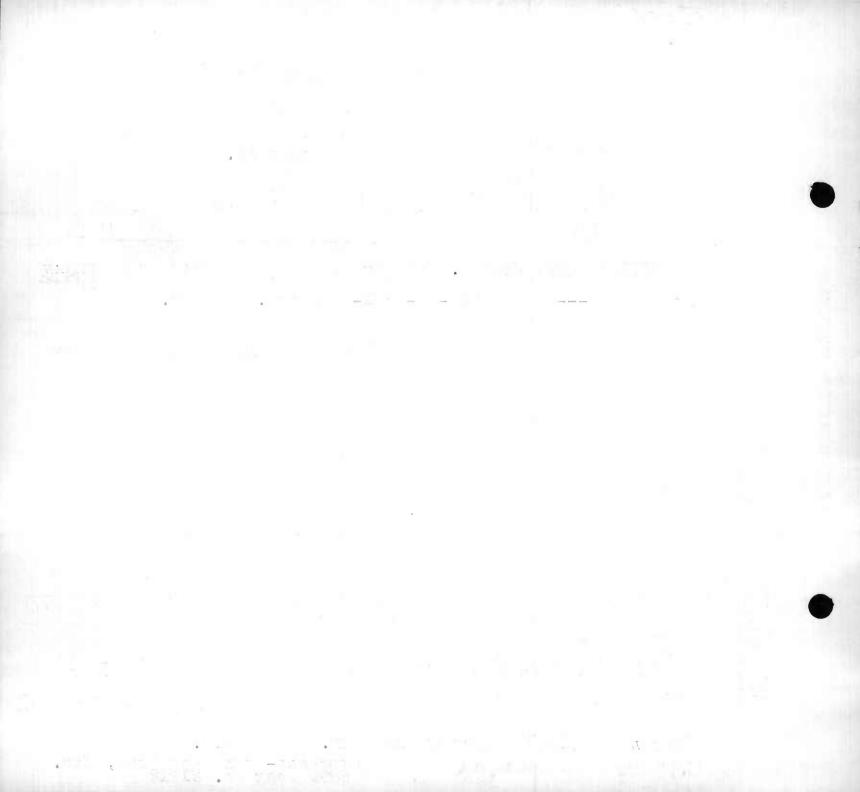
201	BALTIMORE CITY	HEALTH DEPARTMENT	10 070%
W - 324 70 61	52 CERTIFICA	TE OF DEATH	REG. NO
T. NAME OF DECEASED Edward.	J. Westre	Dane 15, 19	70 2146 A.M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR			ed lived. If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Mel. Be	14moro, 5300
INSTITUTION House-in-the-Pines	2 1 1	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
90 5837 Belair	Rd.	E. STREET AND NUMBER	1
	DISD A SEVEN MADDISD A	B. DATE OF BIRTH 9, AGE	In years   II Under 1 Yr, , If Under 24 Hrs.
10.	RIED NEVER MARRIED DIVORCED DIVORCED	Acs 17,1892 lost birth	day) Months Days Hours Min.
IDA, USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign count	12. CITIZEN OF WHAT COUNTRY
Machinist Helper le	nna. R.R.	Mary land	USA.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
on Know	116 505141	Un Known	ADDRESS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war ar dates of ser	16. SOCIAL SECURITY NO. 717077143	Jame H. Thiess	
18. 4 / 0	CAUSE OF DEAT	0 1 , 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		ocardial Impos	·c1.00
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dis		A CONSEQUENCE OF:	
injury ar camplication which caused death.)	H	peretension	
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating	lhe An	CONSEQUENCE OF:	
UNDERLYING CONDITION last.	(c)	10-10-10-10-01/1	
OTHER SIGNIFICANT CONDITIONS CONTRIBUT		d CVA.	
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. II	F YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION WAS PERFORMED		NO IN CE	RTIFYING CAUSES OF DEATH?
U 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	21B. PLACE OF INJURY (e.g., i home, lorm, factory, street, o etc.)	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore City, give exact lacotion)
21D.TIME (Manth) (Day) (Year) (Haur) OF INJURY	21E. INJURY OCCURRED	21 F. HOW DID INJURY OC	CUR?
(APPROX.)	While At Not While Work Not Work	•	
22. 1 certify that (1) (this haspital) atten	ded the deceased from		_ta19
that (I) (we) last saw the deceased alive	an	19and that in(m	y) (aur) apinion death occurred an the date
and haur and fram the causes stated aba	ve. (I) (We) (did) (did nat) v	iew the bady after death.	
23A. SIGNATURE	And	ending Med. Staff	23B. DATE SIGNED
23 C. PHYSICIAN'S	DEGREE Phy	s. Director Phys. L 23D. ADDRESS	6-17-70
23 C. PHYSICIAN'S NAME (Type)			
	OEGREE 4C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (State)
Burge (Specify) (0-18-70	Mt. Carmel Con	y tery Bald	z. Mcl.
25A. DATE REOD BY HEALTH DEPT. 258 MY	ME OF REGISTRAR	25C JUNERAL DIRECTOR	ADDRESS A. O
JUN 17 1970 Jabent & Ja	sey ma	Thy ly from	4 1211 Chistoother
VC 150 REV 1/1/6 R			





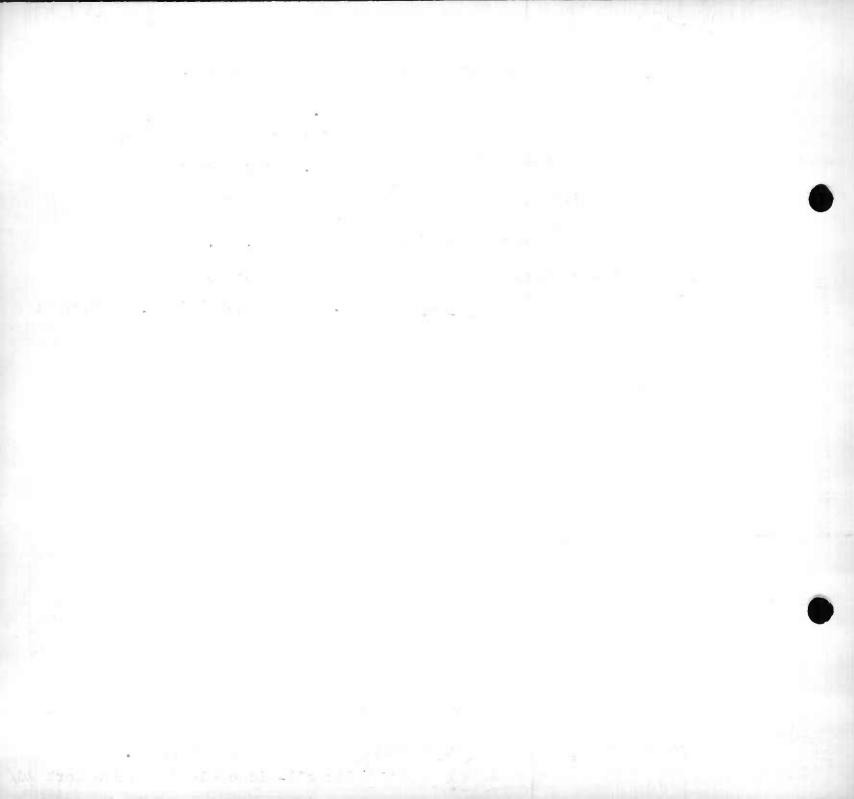
IMPORTANT FUNERAL DIRECTOR:

JUNE 12,1970   6:35 P.M.
JUNE 12,1970 6:35 P. M.  4. USUAL RESIDENCE (Where deceosed lived, II institution: residence below odmissian)  A. STATE  B. COUNTY
A, STATE & COUNTY
MARYLAND
C. CITY OR TOWN  D. INSIDE CITY LIMITS?
E. STREET AND NUMBER
6 UPLAND KD.
B. DATE OF BIRTH  9. AGE (in yeors last bishhay)  1. Under 1 Yr. II Under 24 Hrs. Manths Doys Hours Min.
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
LEW YORK U.S.
14. MOTHER'S MAIDEN NAME
DY XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
17. INFORMANT ADDRESS
51- HOSPT. RECORDS.
TECOURDS 110251
H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
SEHO-PNEWMENIA
A CONSEQUENCE OF:
A CONSEQUENCE OF:
041 **** ································
20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
n or about 21C. WHERE DID (If In Baltimare City, give exact location)
21F. HOW DID INJURY OCCUR?
•
June 11 1970 to June 12 1970
2.4
19 and that in(my) (aur) apinion death accurred an the date
riew the body after death.
anding Med. Shaff   238, DATE SIGNED   6-12-7
23D. ADDRESS
5820 YORK RD, BOLTO, MD 21212
EMATORY 24D. LOCATION (City, tawn, or caunty) (State)
K CEM. BALTO.
MITCHELLOWIEDEFELD HOME, ADDING.
IDOUNOTORK UD. GTCTC
The state of the s



DIRECTOR:

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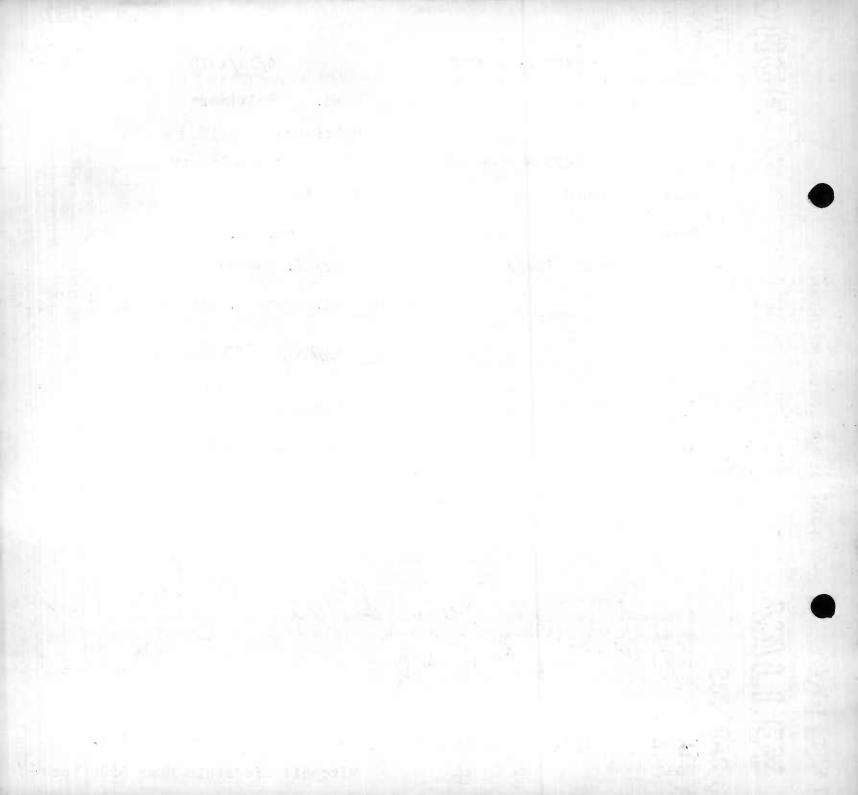


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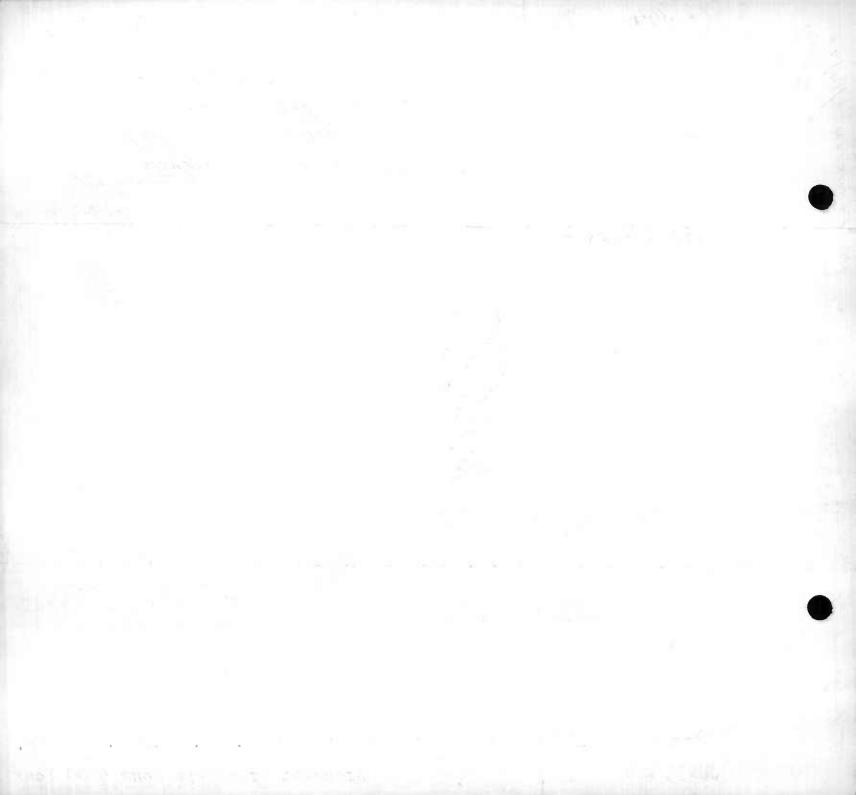
DIRECTOR:

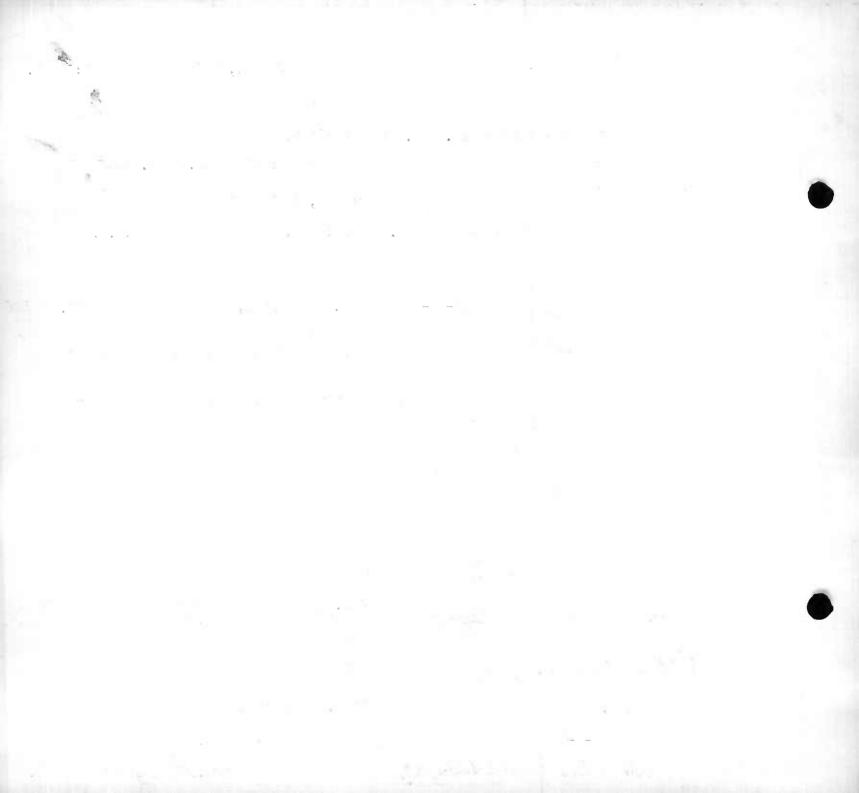
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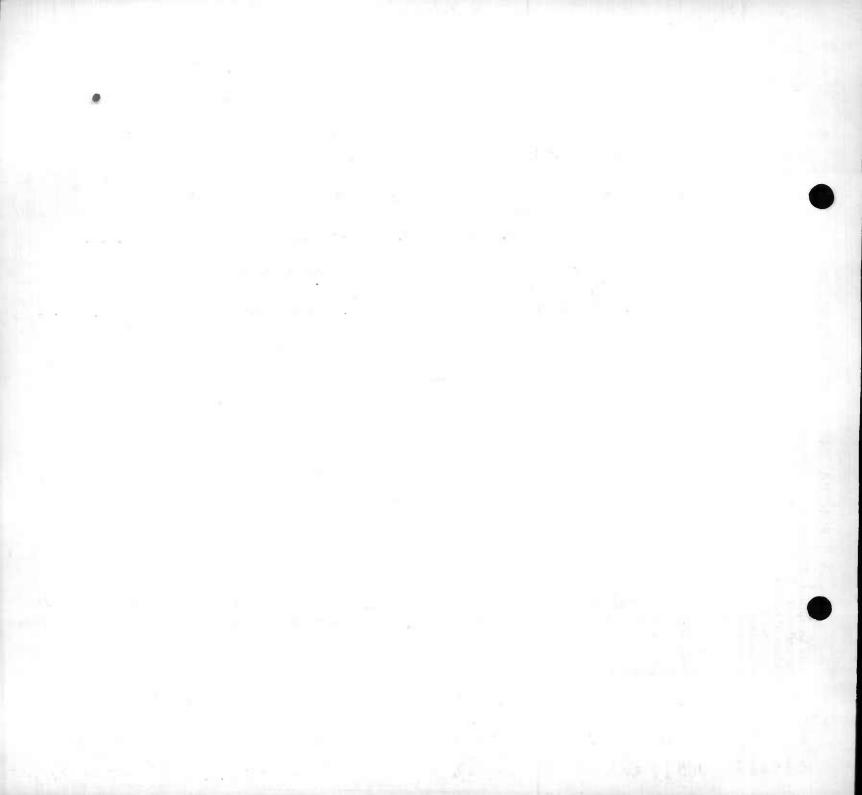


( - 400 .70 IRTH NO.	6158	Y HEALTH DEPARTMENT ATE OF DEATH REG.	NO. 70 6158
NAME OF DECEASED	1. COLE	2. DATE AND HOUR DE JUNE 14	1670.
PLACE IN BALTIMORE MARYLAND, WH			vod. If institution: residence before odmission)
NSITUTION	LE OR INSTITUTION, GIVE STREET TION)	MARYLAND BALTIM	D. INSIDE CITY LIMITS?
4NION MEMORIAL	HOSPITAL	BALTIMORE  E. STREET AND NUMBER	YES 🔀 NO
SEX   6. RACE	7- 1144-11-1	8. DATE OF BIRTH 19. AGE (In vo	
FW	WIDOWED ☑ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	11-25-96 lost birthdoy!	
DA. USUAL OCCUPATION (Give kind of work) one during most of working life, even if refired) HOMEMAKER	IOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign country)  MARYLAND	12. CITIZEN DE WHAT COUNTRY
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
UNKNOWN		LINKNOWN	
Wos Deceased Ever in U. S. Armed Force os, na or unknown) (If yos, give wor ar dotos	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT  VOSEPH COLE	2805 ERIE AVE.
18.44 10 2 10 10	GAUSE OF DEAT		BALTO, MD.
DISEASE OR CONDITION DIRE	CTLY &	7.4	BETWEEN ONSET AND DEATH
LEADING TO DEATH	dying IMMEDIATE CAL	JSE PNEUMONIA A CONSEQUENCE OF:	***************************************
heart failure, osthenio, etc. It meons to injury or complication which coused of	he dise se	A CONSEQUENCE OF:	
ANTECEDENT CAUSES	ARTE!	RIOSCLEROTIC HEART	DISEASE
DISEASES OR CONDITIONS, il or		A CONSEQUENCE OF:	
UNDERLYING CONDITION lost.	staling the ANE	MIA, HEMOLYTIC	
OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING FRACTU	RE, Lt. HID	
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1994-DATE OF OPERATION 1998. CONDITION WAS PERFORM PRACTICE.	ITION FOR WHICH OPERATION	20A. AUTDPSY? (Yes or No.) 20B. IF YES, IN CERTIFY	WERE FINDINGS CDNSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B PLACE OF INJURY (e. c	100	Boltimaro City, give exect (acotton)
OR CONTRIBUTING CAUSE OF DEATH Inatify modical examine)	21 B. PLACE OF INJURY (e.g., hame, farm, factory, street, a elc.)  ### ### ### ########################	fice bldg. INJURY OCCUR?  BALTIMORE	Sommars City, give oxoci incorpor;
	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	7'
(APPROX) 3-23-70	While Al Nat While At Wark	EX FELL SCAI	Luxue de
22. I certify that (1) (this hospital)			JUNE 13 1970
that (1) (we) lost sow the deceased	alive on JUNE 13	arts .	ur) opinion death accurred on the dot
and hour and from the causes state	d above. (1) (We) (dld) (dld not) v		
23A. SIGNATURE	ai Sep		23 B. DATE SIGNED
THE SUI CX	DEGREE	nding Med. Staff Phys. Director Phys.	
23C. PHYSICIAN'S NAME (Typo) YU, SU!	LIT M.D		tospITAL, BALTO, MD.
	24C. NAME of CEMETERY OF CRI	MATDRY 24D. LOCATION	(City, town, or county) (State)
A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)			•
BURIAL 6/17/70		CEMETERY FRED. RD	





	M-62	20 70	) (	316	O CERTIFICA	HEALTH DEPARTM		REG. NO.	70	6160	)
1,1	NAME OF DEC	JERRY I				2, 5	DATE A	ND HOUR OF DEAT	Н		
3.	PLACE IN BAL	TIMORE MARYLAND, W			ICED DEAD	ILA. USUAL RESIDEN	June	14, 1970	( t= -sissi==-	6	P M.
FU	ILL NAME OF	(IF NOT IN HOSPIT			27. 22.64	MARYLAND	R COUN	NTY	institution;	residence belo	538
IN	OSPITAL OR STITUTION	Modeles of 100.				BALT IMOR	E	D. II	VES X		
6	00	3408 Alto	Road			E. STREET AND NU		ad			
5.	SEX	6. RACE	7- MARR	IED	NEVER MARRIED	8. DATE OF BIRTH	- 110	9. AGE (In years	If Und	ler 1 Yr., If U	Jnder 24 Hrs.
	Male	Negro	WIDOY		DIVORCED	6-5-1907		lost birthdoy)	Months	Doys Hour	rs Min.
104	USUAL OCC	UPATION (Give kind of work working life, even if refired)	10B, KINS	OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (Stot	e or fore	ign country)	12. CI	IZEN OF WHA	AT COUNTRY?
	Grinder		Amer	Sm	elting Co.	Baltimore	Ма	ryland		н с А	
13.	FATHER'S NA	ME			ereing co.	14 MOTHER'S MAIL	DEN NA	ME		U.S.A.	
	E	dward Morris				Margar	o + C	heisty			
15.		Ever in U. S. Armed For (If yes, give wor or dote	cos?	, 11	6. SOCIAL	17. INFORMANT	C ( )	III IS LY		ADDRESS	
	Yes	8/4/43 9/14			216-05-1139	Mr. Rober	t Moi	rris 412	Mario	n St	Brooklyn N.Y.
	18. A DISEAS	E OR CONDITION DI	ECTI V	0,	GAUSE OF DEAT				1141 101		TE INTERVAL ET AND DEATH
		LEADING TO DEATH	ECILI	4	ANNALEDIATE CAL	er Mincan	dia	1 Tulant	4	9 11	, 10
	heort foilure,	of meon the mode of asthenio, etc. It means	the dise	e.g., ase,	(A)IMMEDIATE CAL	A CONSEQUENCE OF:	ZKI OKI	Infact	LOM	1. 170	Will.
		plication which coused	deoth.)			4 1		1 /			
		ANTECEDENT CAUSES			(B) Kheu	matich	ear	et disea	50	2 46	2KS
	rise to the	R CONDITIONS, if above cause (A)	stoling	ring the	DUE TO, OR AS	A CONSEQUENCE OF	•				
	UNDERLYING	CONDITION last.			(c)						
z		11			- (	, 11	11 /		-		
ATTO	TO THE DEAT	ICANT CONDITIONS CO H BUT NOT RELATED TO TH ONDITION GIVEN IN PAR	E TERMIN	NG IAL	Diabo	stes Mell	114	LS		1440	CARS
ERTIFICATION	19A-DATE OF	OPERATION 198 CON WAS PERF	DITION FO	OR WH	ICH OPERATION	20A. AUTOPSY? (Ye	os or No	10 20B. IF YES, WER	E FINDING	CONSIDERED DEATH?	5
CAL CE	OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical examined		21 B, PL home, etc.)	ACE OF INJURY (e.g., li form, factory, street, of	or about 21C. WHERE	DID CUR?	(If In Boltim	ore City, gi	ve exoci locotio	n)
EDIC	21D-TIME	(Month) (Doy) (Year)	(Houd	21E. IN	JURY OCCURRED	21F. HOW (	DID INI	URY OCCUR?			
WE	(APPROX.)			While Work			DID INS	OK! OCCOR!			
		that (1) (this hospital			- N-	-23		1968 10_5	- 17		1976
		last saw the decease		_	7-7	19 <i>_70</i>		at fn(my) (our) a	pinfon dec	th accurred	on the date
	and haur and	fram the causes stat	ed above	.(1)	We) (did) (did not) v	lew the body after	death.				
	Pare	in Plan		, /	( W) Atte	nding Med.		Staff Phys.		TE SIGNED	Κ
	23C. PHYSICIA NAME (T)	rs	mye	7	1) CHONGREE Phys	Director	- 🗀	Phys.	0-	16-70	/
	SAM U	el R. Owing	5, J	R.,	M.D	909 N. C.	neey	St. Ba	Itim	oxee, M	d.
24A	BURIAL CREA	MATION, 248, DATE			E of CEMETERY OF CRE				City, town,		(Stote)
	Buri		L	oudo	n Park Natio	onal Cem.	Ba	altimore,		Maryland	
25A	DATE REC'D	BY HEALTH DEPT.	1 1 1		REGISTRAR	25C. FUNERAL DI	RECTOR			ADDRESS	
	JUN 17	BU JORCE E	, vale	Sey !		MORTON &	DYE	TT F.H.	1701 L	aurens	Street



BIE	RTH NO. 56 70 6162 CERTIFICATE C	OF DEATH REG. NO. 70 6162
(Ty	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
FU	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	AL RESIDENCE (Where deceased lived, If institution residence below odmissing the second of the secon
4	730 Ashburton St., Balto., Md.	ELE ASPHULTON STREET NO
104	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 17, BIRT	OF BIRTH  9. AGE (In years If Under 1 Yr. If Under 24 Months Days Hours Minches Days HPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTY
	No 1 C  FATHER'S NAME  114. MO	CKTE Darg Co., VA. U.S.A.
	Boyd Cheath AM Em	MA Mitter
(Ye	es, no or unknown) (If yes, give wor or doles of service)  SECURITY NO.	e De BERRY 3817 Fernhill H
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g.,	erebral The same acres the same are the same acres to the same acr
	hoorl foilure, osthenio, etc. Il meons the disease, injury or camplicotian which caused death.)  ANTECEDENT CAUSES	GA bactereme 16 day
	DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.  (8)  DUE TO, OR AS A CONST	guence of:
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	21si
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED WITHOUT STREET	AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL	OR CONTRIBUTING CAUSE OF home, form, foctory, street, affice bidg., etc.)	21C. WHERE DID (If in Boltimore City, give exect location)
MEDI	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED  OF INJURY (APPROX.) While At Not While Wark At Work	21F. HOW DID INJURY OCCUR?
	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on	7 ond that in (my) (our) opinion death occurred on the
	ond hour and from the couses stated above. (1) (We) (did) (did not) view the	body ofter deoth.  23B. DATE SIGNED
	Jubash C. Atuya MD Attending Phys.  23C. PHYSICIAN'S NAME (Type) SUBASH C. AHUJA MD.	Med. Director Phys. D 6/14/70.  RESS  The van Hom Ralt Mb
24A	A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY PLANTS Mer.	24D. LOCATION (City, town, or county) (Stot
25A		FUNERAL DIRECTOR ADDRESS  ORTON + Dye II 1701 LAURENS.

FUNERAL DIRECTOR: IMPORTANT



FUNERAL DIRECTOR: IMPORTANT

-620 10 61n3	Y HEALTH DEPARTMENT REG. No. 70 6163
I.NAME OF DECEASED	2. DATE AND HOUR OF DEATH
HILDA SMITH	6/14/70 3-300
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before odmission A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C.CITY OR TOWN D. INSIDE CITY LIMITS?
or hear.	BAHIMOR YES NOT
37 Mekay	E. STREET AND NUMBER 2517 OSWEGO AVC
REMARK 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE lin yeors If Under 1 Yr. If Under 24 Hr. Months; Doys Hours; Min.
OA. USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUSTRY	60
touse wite Home	BAHIMOR, MARGLAND U.S.A.
Elmer Bradley	14. MOTHER'S MAIDEN NAME
5. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL	17. INFORMANT ADDRESS
NO.	Mr. Rufus Smith 2517 Oswear Are.
18. 4/2, 4 1 7 2 5 0, 7 CAUSE OF DEAT	H 1) A CC V 1) APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEAT
LEADING TO DEATH	use 1) Dialeles Melli lus
	A CONSEQUENCE OF:
injury or complication which caused death.)	31 lue m 9
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF: 7) & CP CC COMPACT
rise to the obave cause (A) stoting the	
ONDERCTING CONDITION last. (C)	
Z 07/150 (10.1/1	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART ( IA).  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	ACA 1
WAS PERFORMED	20A-AUTOPSY? (Yes of Nat 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	n or obout 21C. WHERE DID (If in Boltimore City, give exact location) fice bidg., INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INTURY OCCURRED	21F. HOW DID INJURY OCCUR?
White At   Not White	
Work At Work	
22. I certify that (I) (this hospital) attended the deceased fram	5/25 19 76 to 6/14 19 70
that (I) (we) last saw the deceased alive an	19 70 and that in (my) (our) aplnian death accurred an the dat
and haur and fram the causes stated obave. (1) (We) (dld) (did not) v	lew the body ofter death.
23A. SIGNATURE	238 DATE SIGNED
T Dhim	nding Med. Staff
22C BUYELCI AND	23D. ADDRESS
HOUSHANG - MARIPOUR DEGREE  4A. BURIAL CREMATION, 1248, DATE / 124C, NAME of CEMETERY OF CRE	
REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY of CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)
BuriA) 6/17/70 Mt. Huburn (	em. Battimore, Maryland
SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JUN 17 1970 Vaber & Varber RA	Morton & Buetl Fitt 1701 Laurens St
150-REV 1/1/68	Charles (M)

VS 151-REV. 7/1/68

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	diseast liberalis	alvigety
	of products willish	olty-map
1528 Division	staged world	

Mr. 170 Mr. ada and and ally a shift among time of the case of the grown that of the configuration of the configurati

1.1 (-0 170	BALTIMORE CITY	HEALTH DEPARTMENT		70 0400				
W-452 10 6166	CERTIFICA	TE OF DEATH	REG. NO	70 6166				
1. NAME OF DECEASED (Type or Print)  AIVIN WILLIAM)			HOUR OF DEATH	1 10 10				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU		4. USUAL RESIDENCE (Where	deceased lived. If in	titution to idence before edulation				
The state of the s	ITOLD DEAD	A. STATE B. COUN	IY	sindion, residence before damissin				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TION, GIVE STREET	Md. 2/2/	5	1538				
HOSPITAL OR ADDRESS OR LOCATION		C. CITY OR TOWN	D, INSI	DE CHY LIMITS?				
Manager total	. + 1	PAITIMO	RE	YES NO				
MONTEBEILD State Hos	DIAL	E. STREET AND NUMBER	-	/				
7/		3015 GAR	ELSON B	1110				
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	AGE (In years	II Under 1 Yr If Under 24 h Months! Doys Hours : Min.				
MIDOWED T		8-8-08	ast birthday)	Months Doys Hours Min.				
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF		11 BIRTHRI A CE (State or form	6/	100000000000000000000000000000000000000				
done during most of working life, even if retired)		1/0 0 1/1 0	to county)	12. CITIZEN OF WHAT COUNT				
Polter.		MAKYLHIV.	D	usp.				
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAM	\E					
a nell . al el el el e	Y ·	F11 111	1/-					
5 Was Dassage From in 11 C Amend Farrage	BECEASED	EILA W.	11/1/AMS	- DECEASED				
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	17. INFORMANT		ADDRESS				
no	213-13-5644	James W	Illiana	Acres 1				
18. 40 9	CAUSE OF DEAT		muum,	APPROXIMATE INTERVA				
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DE				
LEADING TO DEATH		MULARIA						
(This does not mean the made of dying, e.g.,	(This does not mean the made of dying, e.g., (A) MMEDIATE CAUSE (MY O EAR DIO PATHY ) (6 The							
heart failure, asthenia, etc. It means the disease,	mean tallula, astraita, aic, it illagus me diseasa,							
injury or camplication which caused death.)		,		ļ				
ANTECEDENT CAUSES	IN ProbAb	A CONSEQUENCE OF:	INTAROT					
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	- And for the distriction					
rise to the above cause (A) stating the UNDERLYING CONDITION last.	DOTEC.	DS CLEROTIE G	2 000					
CHECKING CONDITION IGSL	(c) 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	E CLEROTTA &	-AKDIO VASE	4/11				
z   11								
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Chronie	RENAL DIS	EASE.					
✓ IDISEASE OR CONDITION GIVEN IN PART 1 (A)								
19A. DATE OF OPERATION 19R CONDITION FOR WI	HICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE F	INDINGS CONSIDERED				
e de la companya de l		YES						
U 21A. A CCIDENT WAS UNDERLYING 21B.P	LACE OF INJURY (e.g., i	or obout 21 C. WHERE DID	(II In Boltimore	City, give exact location)				
DEATH Inotity medical examined	toling facions, succes of	and another occor:						
O 21D. TIME (Month) (Doy) (Year) (Hour 21E 1	NJURY OCCURRED	21 F. HOW DID INJU	BY OCCUP?					
S OF INJURY	At Not While		KI OCCUR!					
IAPPROX.) Work	At Work	<b>~</b> LI						
22. I certify that (1) (this hospital) attended the	deceased from	//	20 to 6-	14 1920				
that (i) (we) last sow the deceased alive on								
			in (my) (our) opin	Ion deoth occurred on the d				
ond hour and from the couses stated abave. (1)	(We) (did) (did nat) v	lew the body after death.						
23A. SIGNATURE	0			23 B DATE SIGNED				
Social Etileal In	/// Dh.	nding Med. S	hys.	6-14-20				
23C. PHYSICIAN'S	OF OFFICE	3D. ADDRESS	пуз. —	0-11-11				
NAME IType)	MX	40- 11	/ _/	, /				
SONIA ESTRUCK	DEGREE	Montebell	o State	\$105 b.				
24A. BURIAL CREMATION, 24B. DATE 24C. NAA	AE OF CEMETERY OF CRE	MATORY 24D. LO	CATION (City	, town, or county) Stotel				
Buil V-inn his	Cat leun	A	14 la /a	f Inst.				
25A. DATE REC'D BY HEALTH DEPT. 25B MAME OF	ul cum		M COU	my 110				
THE A PLANT OF A CONTACT				ADDRESS				
IIIN 17 MI HODELE CL. WILLIAM	ALA.	25C. FUNERAL DIRECTOR	//	ADDRESS				
JUN 17 1970 Haber & James	REGISTRAR	Chay OW	Monjon	Beently he				



DIRECTOR:

FUNERAL

6168 BALTIMORE CITY HEALTH DEPARTMENT 6168 MEDICAL EXAMINER'S CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Known 🗔 Day Month Year Hour (Type or Print) OF Estimated Francis Barnes DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Day Year Hour Month PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OF LOCATION) 6 70 16 1:30 a M. HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) B. COUNTY 1510 N. Washington St. Maryland C. CITY OR TOWN 6. SEX 7. RACE D. INSIDE CITY LIMITS 8. MARRIED NEVER MARRIED Baltimore NO T male colored WIDOWED DIVORCED E. STREET AND NUMBER If Under 1 Yr. II Under 24 Hrs. 9. DATE OF BIRTH 10. AGE (In years last birthday) Months Doys , Hours , Min. 3205 Elgin Ave. Nov. 21,1913 11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? ST. Marys Co. 413. 1-MAS 14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during mastor working life, even if retired) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or,unknown)((I) yes, give wor or dotes of service) 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS 220-07-3244 APPROXIMATE INTERVAL 19. CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A)IMMEDIATE CAUSE Stab wounds of chest and back LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foliure, asthenio, étc. it means the disease, injury or complication which coused deoth.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES (8) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) ves 228. PLACE OF INJURY (e.g., in ar obout 22C. WHERE DID (II in Baltimore City, give exact location) home, farm, loctory, street, office bidg., etc.) INJURY OCCUR? 22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB-1510 N. Washington St. UTING CAUSE OF DEATH. house 22D. TIME (Month) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Day) (Year) OF INJURY WHILEAT NOT WHILE (APPROX.) 16 a . m. stabbed during altercation WORK 23. I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion

resulted from Natural causes

24B. DATE

ACTUAL

SIGNATURE.

EXAMINER'S

NAME (Type)

25A. DATE REC'D BY HEALTH DEPT.

24A. BURIAL CREMATION,

REMOVAL (Specify)

VS 151-REV. 1/1/68

Accident

258, NAME OF REGISTRAR

Werner U. Spitz, M.D.

Suicide

M.D.

24C. NAME of CEMETERY or CREMATORY

Homicide V

25C. FUNERAL DIRECTOR

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

Deputy Chief Medical Examiner

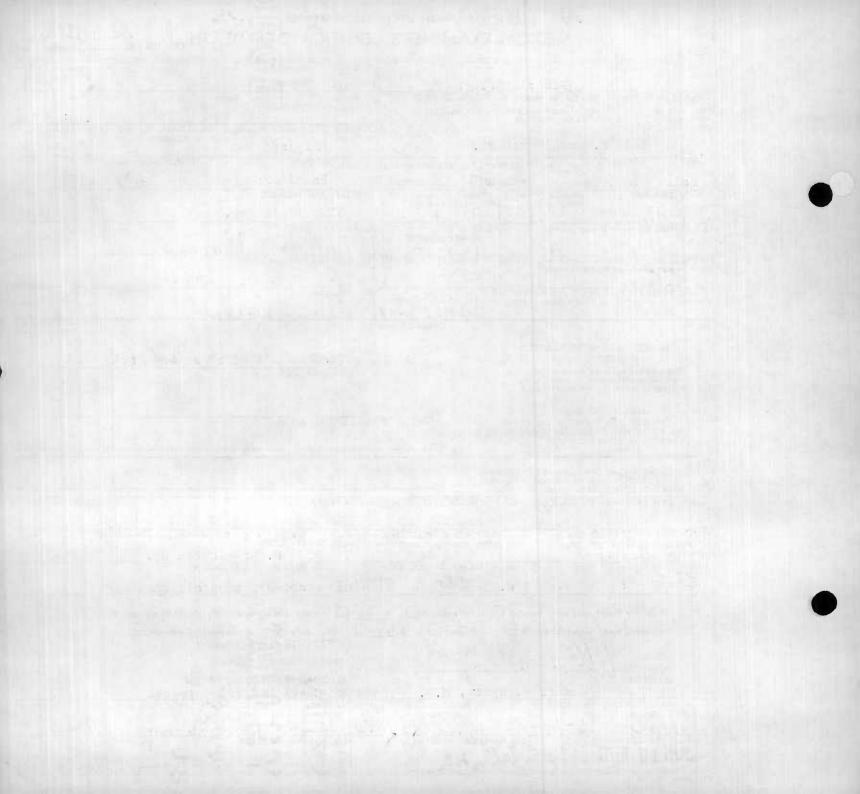
Undetermined manner

24D. LOCATION (City, town, or county)

ADDRESS

DATE SIGNED

(State)

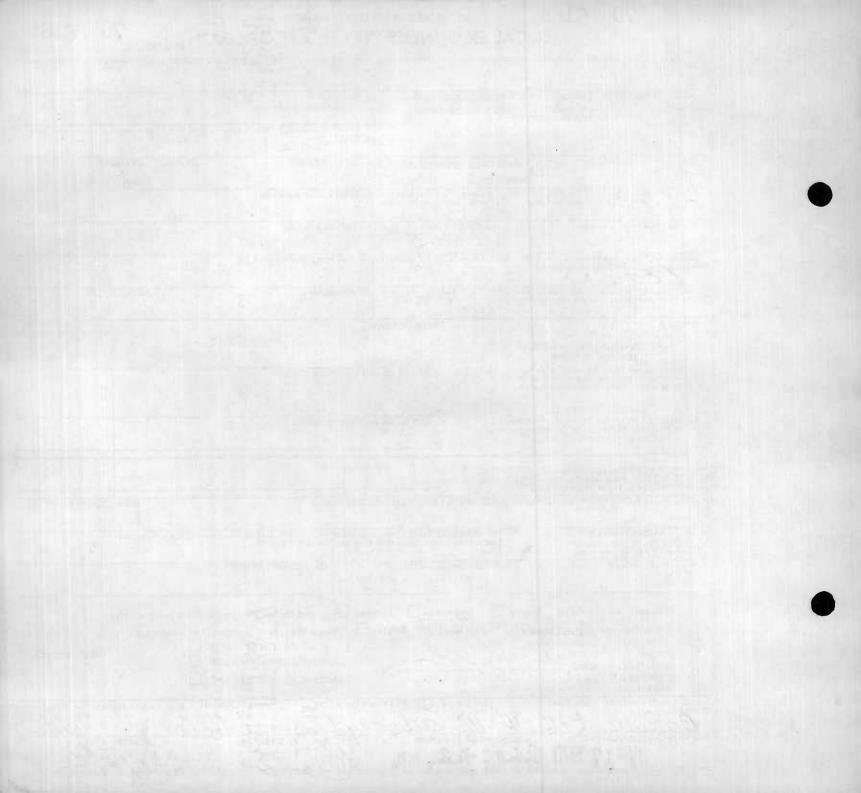


VS 151-REV. 1/1/68

D BY HEALTH DEPT. 258. NAME OF REGISTRAR
JUN 17 1970 Robert E. Farbey K&

G-650

BIRTH NO.	N	IEDICA	L EX	AMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	70	6169
1. NAME OF D (Type or Print)	RICHARD	2. DATE OF DEATH	Known   Estimoled	Month	Doy	Year	Hour			
4. PLACE IN B	ALTIMORE, MARYLAN	ID, WHERE	PRONO	UNCED DEAD	3. DATE		Month	Day	Year	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HO ADDRESS OR	SPITAL OR IN LOCATION)	OITUTITZ	N, GIVE STREET		RESIDENCE (When	June 9		residence	6:00 P <sub>N</sub>
1129	Wilmot Ct.				IIA STATE	Maryland		B. COUNTY	/	000
6. SEX	7. RACE		RRIED	NEVER MARRIED				D. INSIDE C	TY LIMITS?	00/
Male	Negro		OWED [		3 7 4	timore			ES A	NO 🗆
9. DATE OF BIR	TH De 10.AC	E (In years	If Unc	er 1 Yr. If Under 24 Hr	E. STREET	AND NUMBER		1	E3 2 L	NOL
5-15	- 97	73	Monin	Doys Hours MI	1129 1	Wilmot Ct				
I. BIRTHPLACE	State or foreign coun	try)		HAT COUNTRY?	13. FATHER	STAME	400	nes i		
4A.USUAL OCC	UPATION (Give kind of Lworking lile, even if ret	work 14B. KIN	ND OF BI	SINESS OR INDUST	RY 15. MOTHE	R'S MAIDEN NA	ME D.			
6. WAS DECEA	SED EVER IN U.S. AF	MED FORC	ES?	7. SOCIAL SECURITY NO.	18. INFOR	MANT They	Eland	1509	DDRESS	Eden Si
19.	2.4			CAUSE OF DE	ATH	2021	1000	, ,		PROXIMATE INTERVAL
DISEA	SE OR CONDITION LEADING TO DEAT					ic cardiov	ascula	r diseas	Se SETY	veen onset and deat
(This does heart failure triury or co	nat mean the made re, osthenia, etc. It mea amplication which cause	of dying, e.g		DUE TO, OI	AS A CONSEC	RUENCE OF:				
DISEASES RISE TO THE	ANTECEDENT CAUSE OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA	ANY, GIVIN	IG IE	(8) DUE TO, O	R AS A CONSE	QUENCE OF:				,
O THE DI	NIFICANT CONDITION EATH BUT NOT RELATE OR CONDITION GIVEN	D TO THE TER	IANIM							
20A. DATE C	OF OPERATION 208.			HICH OPERATION V	VAS PERFORM	MED				PSY? (Yes or Na)
UNDERLYIN	RNAL CAUSE WAS GOR CONTRIB- AUSE OF DEATH.		22B. PL home, i	ACE OF INJURY(e.g arm, factory, street, of	, in or about 2 ice bidg., eic.) I	22C. WHERE DID NJURY OCCUR?	(If In Baltimor	e City, give exc	no ct location)	
22D. TIME OF INJURY (APPROX.)		(Year) (Ho			T WHILE WORK	22F. HOW DID IN	JURY OCCU	JR?		
	TURE Ronald	Lauses X	Lu		D. ASSI	and that on tomicide CHIEF MEDICAL STANT MEDICAL COLATE MEDICAL	Undetermiz EXAMINER EXAMINER	death In my ned manner [ 		date signed
24A. BURIAL CRI	EMATION, 248. DA	TE	124C.	NAME of CEMETER	or CREMATO	DRY 24D.	LOCATION	(City, town,		(State)

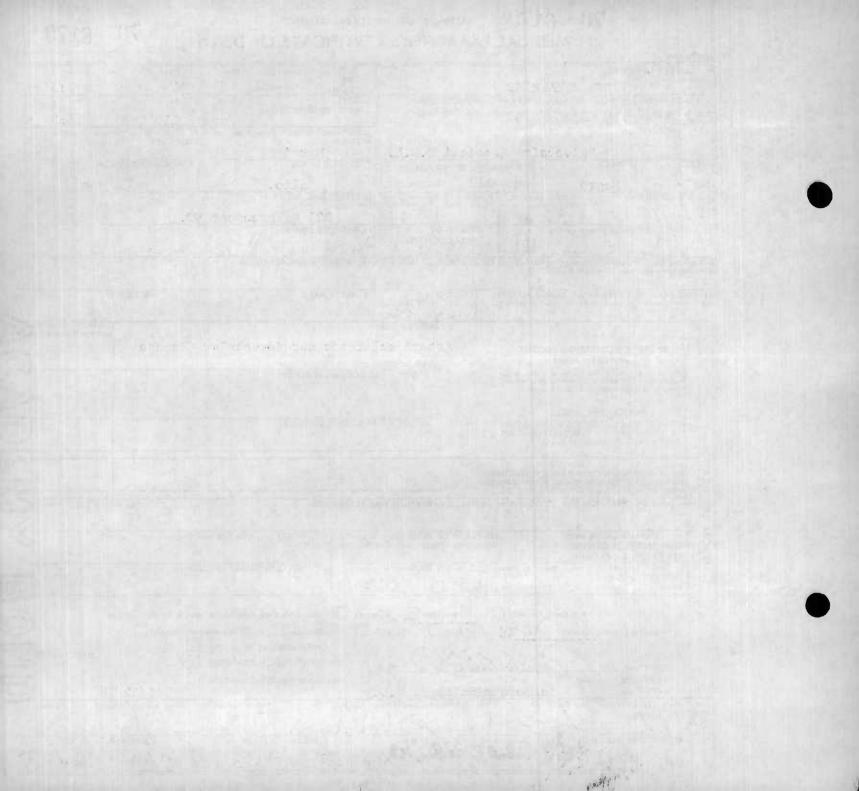


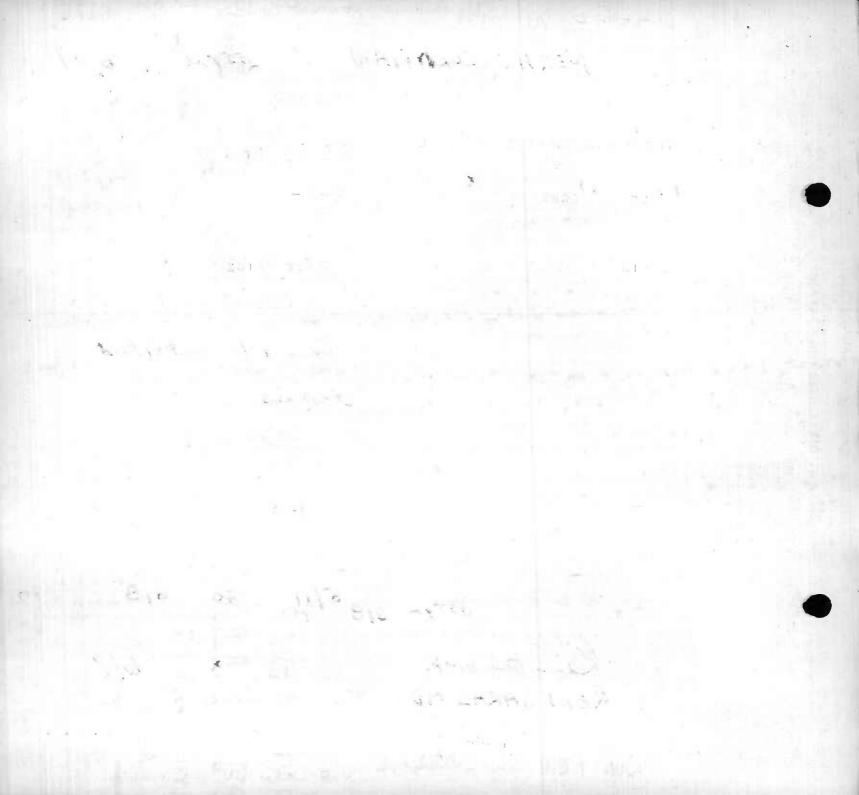
70 6170 BALTIMORE CITY HEALTH DEPARTMENT

70	6170
10	OTIO

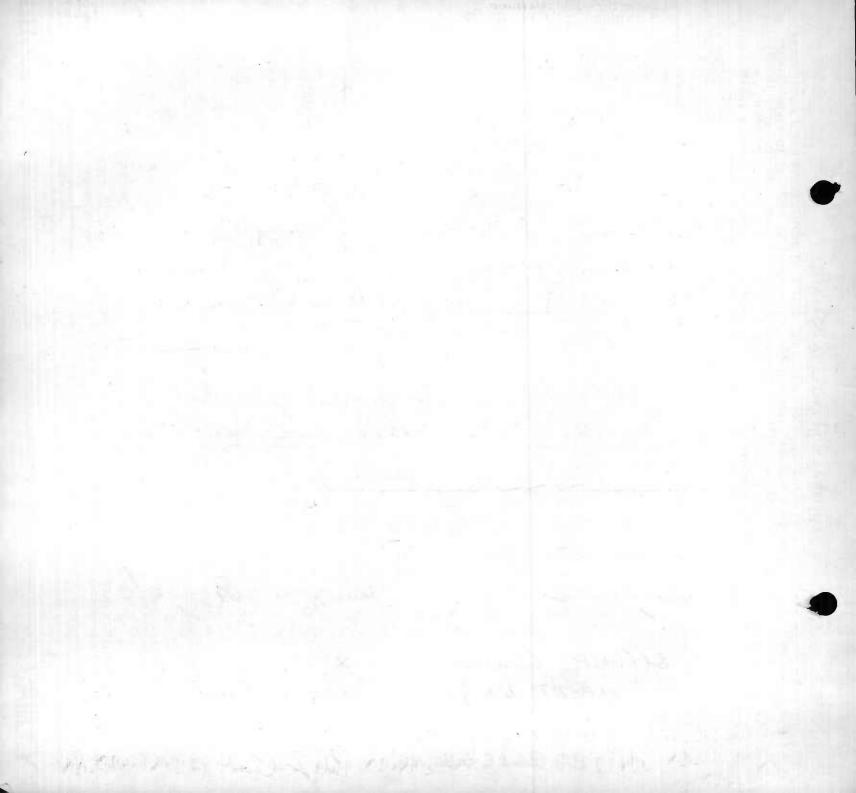
DI SIRTH NO	MEDICAL EXA	MINER'S CE	RTIFIC	ATE OF	DEATH
H - 2 1. NAME (Type of P	E OF DECEASED Print)	2.	DATE	Known 🗌	Month

BIRTH NO.	REG. NO.	
1. NAME OF DECEASED	2. DATE Known Manth Day	Yeor Hour
(Type or Print)  JOSEPH HAWKINS	OF DEATH Estimoted 1 6 11	70 4:35 pm.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD June 11. 1	.970 4:35 pm.
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	June 11, 1 5. USUAL RESIDENCE (Where deceased lived, if institution	
	A. STATE B. COUNTY	1100
University Hospital D.O.A.	Maryland	401
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CI	TY LIMITS?
Male Negro WIDOWED DIVORCED	Balto. YE	s No
9. DATE OF PIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER	
2/4/1894 lost birthdoy) Months, Doys, Hours, Min.	221 N. Freemont ST.	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
WHAT COUNTRY?	Mallin M. L.	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	VI TV TAM TO THE	
done during most of working life, even if relired)	TO MOTTER S MAIDEN NAME	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  SECURITY NO.	18. INFORMANT AL	DDRESS
216-10-1200		
19. CAUSE OF DEA	^	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Arteriosc	lerotic cardiovascular disease	
LEADING TO DEATH		
(A)IMMEDIATE (	AS A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF	
mory of compression which course acons.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
O THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W.	AC DEDECORATED	Tal Autopoye (Verse Ne)
O O	AS PERFORMED	21. AUTOPSY? (Yes or No)
		No
U INDEDIVING TOP CONTRIB	In or obout 22C. WHERE DID (II in Boltimore City, give exa e bldg., etc.) INJURY OCCUR?	ct location)
UTING CAUSE OF DEATH.	o Diagnosti, in took i occor.	
22D. TIME (Month) (Doy) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	WHILE	
23. m. WORK AT W	ORK	
I certify that I held on Inquiry I Inspection W Au	tapsy ond that an this basis, death in my	opinion
resulted fram: Natural causes XX Accident Suicio		
resulted fram: Individ courses IN Accident L. Suicid		
ACTUAL A / / / /	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE Spilleleles & M.D.	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Isidore Mihalakis, M.D		12/70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town	, or county) (Stote)
Burial 6/18/20 howdow Runk	Vista of Bulley	1. 1.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	DDRESS /
JUN 17 1970 Taber E. Jailey M.D.	MIN In	14/6
MAIL T MIN ASSESSED IN THE PERSON OF THE PER	. I I XV IV III TO I	
DOIL ST. IV.	Thin I curole 17/2	N. North Am





K-566 70 6172 CERTIFICATE OF DEATH
CERTIFICATE OF DEATH
BIRTH NO.  1, NAME OF DECEASED  2, DATE AND HOUR OF DEATH
(Type or Print) FRANK J. KAMMERER SR 6.15.70 9:30 P. M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)  A. STATE  B. COUNTY
FILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET)
HOSPITAL OR ADDRESS OR LOCATION)  C. CIPY OR TOWN  D. INSIDE CITY LIMITS?
Good Works VES NO
Below Road 402 N. Cycles St.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Months) Days House Additional Additi
WILDOWED DIVORCED 10-27-93 tost birthday) Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)
Bus Mechanic Balte. Transit Mary land, USA
13. FATHER'S NAME
William Nammeron Barbara PANZER
15. Was Deceased Ever in U. S. Armed Forces?  Yes, no at unknown) (If yes, give wor at dates of service)  16. SOCIAL  SECURITY NO.
Yes ww I 21310.0053 Huna Chesser 4024. Ciety St. 2123
18. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  LONGING TO DEATH  LONGING TO DEATH
(This does not mean the made of dying, e.g.,  (A) IMMEDIATE CAUSE Landiac Arrest  (Landiac
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)
ANTECEDENT CAUSES (a) Carcinouna of the lune / year
DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION last. (C) Arterio sellerotic heart dyslesse & years.
()//
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL  SELECT CONTRIBUTIONS  LOCAL CONTRIBUTIONS  LOCA
DISEASE OR CONDITION GIVEN IN PART 1 (A).
19A. DATE OF OPERATION WAS PERFORMED  19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. ACTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
OF INJURY While At Not White
WORK I AT WORK I
22. I certify that (I) (this has strail) attended the deceased from MONCH 1969 to 5.27 19.72.  that (I) (w) lost saw the deceased alive on 6.15 19.70 and that in (my) (of) apinion death occurred on the data
ond hour and fram the causes stoted above. (1) (We) (did) (did not) view the bady after death.  23A. SIGNATURE 23B. DATE SIGNED
CV State 1/6 Deally Attending M Med. Stoff (15: 70 9:1908)
23C. PHYSICIAN'S  23D. ADDRESS  23D. ADDRESS
NAME (Type) ALBERT NAHUM 1202 ST. Paul Its. Balt Md
DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. ACCATION (City, lown, or county) (Stote)
DREMOVAL (Specify) (19-70) (1)
25A. DATE REC'D BY HEALTH DEPT. ASS NAME OF DEGISTRAR 25C. JUNIERAL DIRECTOR
25A, DATE REC'D BY HEALTH DEPT CASE NAME OF BEGIN RAR 25C. SUMERAL DIRECTOR (21) Ches Aco Hea.
VS 150-RFV, 1/1/6B



M-	635 70	61	73 CEDITIES A	TE OF DE	TMENT	X REG. NO	70	6173
BIRTH NO.			CERTIFICA	TE OF DE	AIH	NEO. NO.		
(Type or Print)	CEASED				2. DATE A	ND HOUR OF DEATH	ł	
· M	ARTIN ROB	ERT	E		JUN	E 12-1	970	6:30 A
3. PLACE IN BA	LTIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESID	B. COU	ere deceased lived. If	institution: re	sidence before odmission
FULL NAME OF		MARY	LAND	. carroll		5600		
HOSPITAL OR	ADDRESS OR LOCA	ATION)		C. CITY OR TOW	N		SIDE CITY LI	MITS?
1 10				Westmins	ter		YES 🗌	NO 🔀
2 SINIA	1- HOSPITAL	OF RAT	TIMORE	E. STREET AND	NUMBER			
		at pit		P.D. Bo	× 5	41 WESTA	111157	FERL
SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	•	9. AGE (In years lost birthdoy)	If Under	1 Yr. If Under 24 Hrs Doys Hours Min.
M	W	WIDOWED		1014	117	52	1	110013
A. USUAL OC	CUPATION (Give kind of work of working life, even if refired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or fore	ign country)	12. CITIZ	EN OF WHAT COUNTR
	minator	Self F	mployed	MAR	YLAN	/70	U.	S.A.
FATHER'S NA		DCIL L	inproyed	14. MOTHER'S M	/			
Edward	E. Martin			Iydia	111111111111111111111111111111111111111	Autz		
						200.02		
	d Ever in U. S. Armed Form	ces! s of service)	SECURITY NO.	17. INFORMANT				ADDRESS
Yes	World War 11		214 01 0487	Russell I	). Mar	tin		
18.	1. ()	-	CAUSE OF DEATH				1	APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DIR	RECTLY		BLEEDI	NG E	SOPHAGEAL	- B	ETWEEN ONSET AND DEAT
	LEADING TO DEATH		(A) IMMEDIATE CAU	SE \	VARIC	E		
(This does	nol meon the mode of , ostherio, etc. Il meons	dying, e.g.,		CONSEQUENCE	OF:			***************
injury or co	mplication which coused	dooth.)						
	ANTECEDENT CAUSES		Διςον	olic IV	ER C	IRRAOSIS		
DISEASES	OR CONDITIONS, if	ny, giving	DUE TO, OR AS	A CONSEQUENCE	OF:	IRRAOSIS		
rise lo Il	ho obove cause (A)	sloling lhe						
UNDEKLTIN	G CONDITION lost.		(c)		***********			
	- 11							
TO THE DEA	IFICANT CONDITIONS CONTINUES OF THE BUT NOT RELATED TO THE	E TERMINAL					[	
DISEASE OR	F OPERATION 198 CON	T 1 (A).	WHICH OPERATION	20A. AUTOPSY	Ver at N.	J 208 18 VEC 11555	EINDINGS	CONCIDENCE
16/11	WAS PERF	ORMED		NT.	CHES OF INC	IN CERTIFYING CA	USES OF D	EATH?
	ENT WAS UNDERLYING		PLACE OF INJURY (e.g., in		ERE DID	its in Dalat	ra Chu -ti	avest least1
OR CONTRIB	UTING CAUSE OF	hom otc.)	PLACE OF INJURY (e.g., in o, form, foctory, street, old	ice bldg., INJURY	OC CUR	hi in pointino	ie City, give	exect location)
•								
21D. TIME OF INJURY	(Month) (Doy) (Yeor)		INJURY OCCURRED		THI DID W	URY OCCUR?		
(APPROX.)		Whi	le At Not While					
22. I certify	y that (1) (this haspital)	ottended th	ne deceased from	MAY 30	)	19 7010 J	LNE	12 19 70
	) lost saw the decease					at In (my) (aux) ==	nion deset	
					ona in	ar in (my) (our) ap	mon death	occurred on the do
23A. SIGNAT	nd from the couses stat	en opove. (1	/ (me) (aia) (did nat) vi	ew the body oft	er death.		1000 m 4 m -	CICNED
	7/7	To.	Atter	nding [ ] Med	i. (***)	Shaff Town	23B, DATE	_
226 BUNETO	i i n	Jany	DEGREE Phys.	. L Dire	ictor L	Stoff Phys.	1 2	me - 12 - 70
23C. PHYSICIA	Type!	1 21	2	3D. ADDRESS			7	
P	HILIP 5 YU	LTAN	M.D. DEGREE	Hosp:	ital S	taff	U	
A. BURIAL CRI	EMATION, 248 DATE	24C. NA	ME of CEMETERY OF CREE	MATORY	24D. L	OCATION (C	ity, town, or	county) (Stole)
Burial	6/16/19	970 Wes	stminster Ceme	terv	We	stminster		Maryland
A. DATE REC'I			Habing & A.				37.	
	MHILL PIO	CO CO CO		25C. EUNERAL				38948t
160 BEN 1/1				Thomas	o. Tre	rener wes	UMLIIST	er, Md.

S TALTER BARRAY

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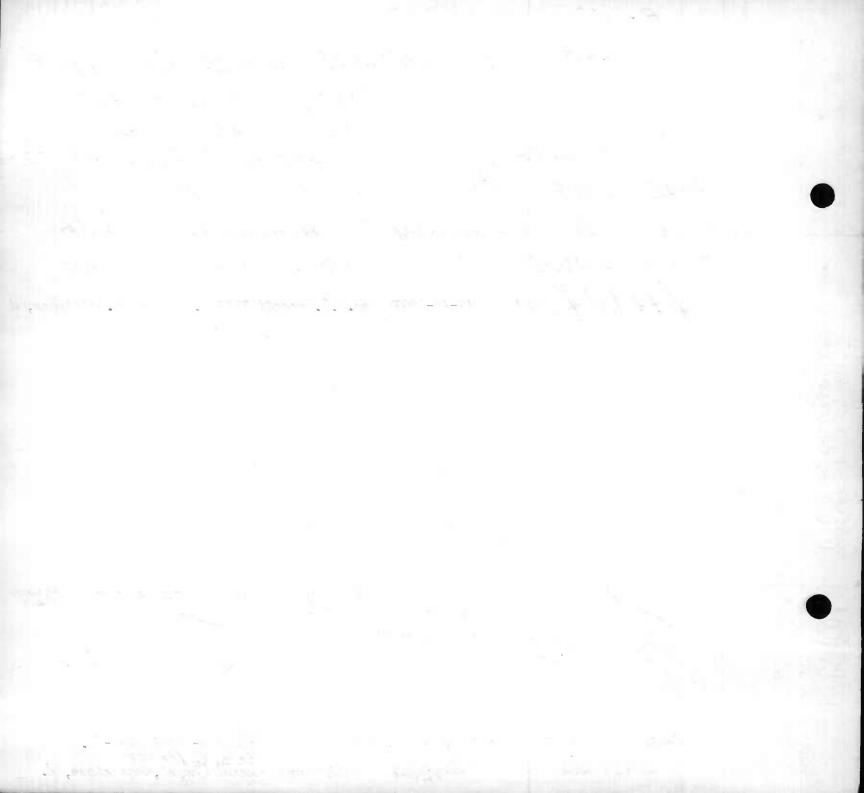
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VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

NO

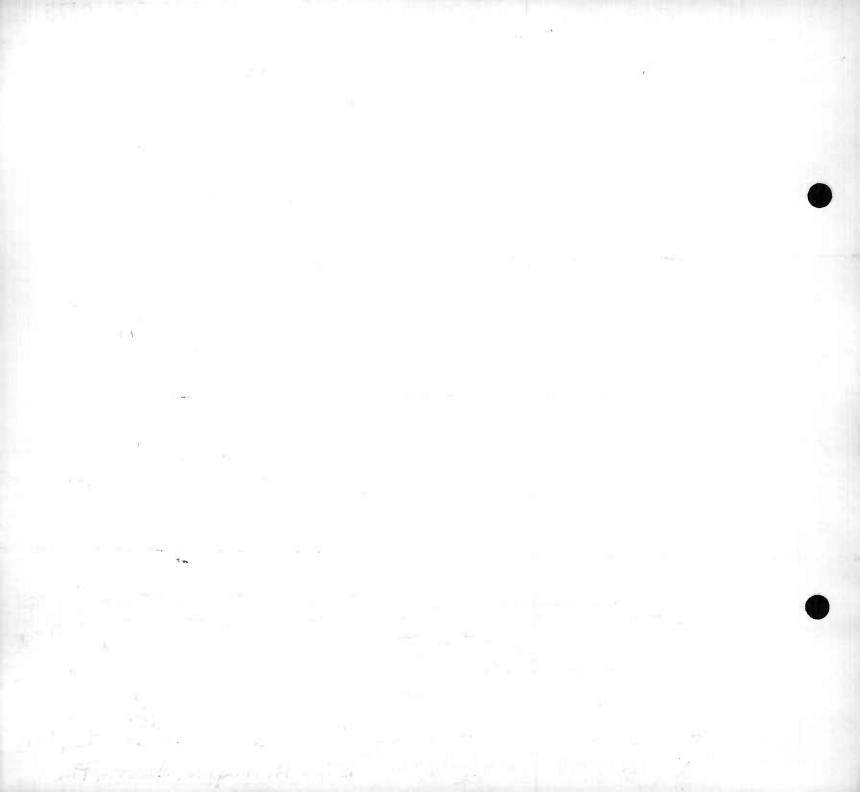
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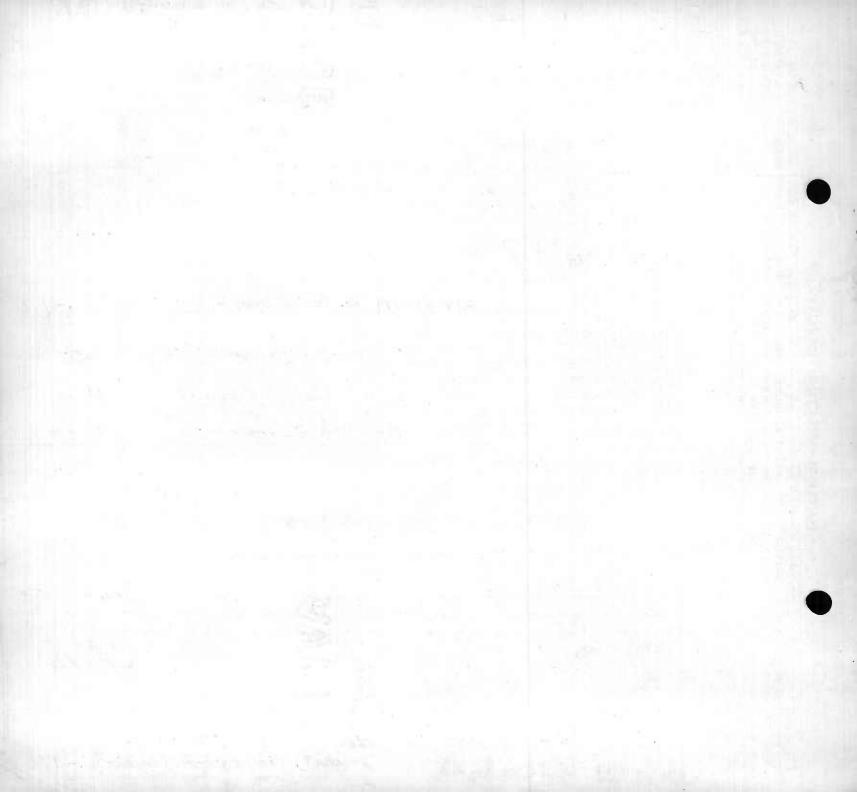
FUNERAL

VS 150-REV. 1/1/68



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

1	5-353 70	617	/h	HEALTH DEPARTMENT		חכי	0176	4
	RTH NO. 70-10024		CERTIFICA	TE OF DEATH	KEG. NO	70	0110	
	Pe or Printi		1/-	2. DATE	AND HOUR OF DEAT	Н		
3,	Baby Boy Stinne	PRONO	IINCED DEAD	4. USUAL RESIDENCE (V	6-10-70	la atitudia ar ar	4:30	A
	ILL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION STITUTION	R INSTIT		Md	JUNIT	institution; re	264	2
IN	STITUTION	•		C. CITY OR TOWN Baltimore	D. IN	SIDE CITY LI		
	Mercy Hospital			E. STREET AND NUMBER 5202 Eas	stbury Ave	YES X	NO	
5. :	SEX 6. RACE 7. M	ARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under	1 Ys . If Under	24 Hrs.
		OOWED	DIVORCED T	6-9-70	last birthday)	Months	Doys Hours	Min.
on	USUAL OCCUPATION (Give kind of work TOR, oduring most of working life, even if retired)	KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE ISlote or Baltimore	foreign country)	12. CITIZ	EN OF WHAT C	OUNTRY
3.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
	Patrick Stinnett			Linda Waar				
5.	Was Deceased Ever in U. S. Armed Forces?		1 6. SOCIAL	17. INFORMANT	a		ADDRESS	
. 6:	s, no or unknown) lif yes, give wor ar doles of a	ervicel	SECURITY NO.					
-	18.7 7 / 7		CAUSE OF DEATH				APPROXIMATE IN	TERVAL
	DISEASE OR CONDITION DIRECTL	.Υ				٥	ETWEEN ONSET AN	
	LEADING TO DEATH		(A) IMMEDIATE CAU	SE Respirator	y Distross	Signal	Du 10	Lary
	(This does not mean the mode of dyin heart failure, asthenia, etc. It means the c	isease,	/··/	CONSEQUENCE OF:	<del>/</del>	/		/
	injury at complication which caused death	1.)	0	/	1	1		
	ANTECEDENT CAUSES		(B) LOW	but week	I gun Dor	4	10	ing
	DISEASES OR CONDITIONS, if any, rise to the above cause (A) statis	giving	DUE TO, OR AS	A CONSEQUENCE OF				7
	UNDERLYING CONDITION last.	.9	(c)					
,				<del></del>				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE TER	MINAL				- 1		
2	DISEASE OR CONDITION GIVEN IN PART 1 (A 1994 DATE OF OPERATION 198 CONDITION	).	WHICH OPERATION	20A. AUTOPSY? (Yes of	Nol 208 IF Vee Week	EINIDINICS	CONCIDENCE	
EKIILIC	WAS PERFORMI	ED	WILLIAM OF EXAMINA	TOTAL OF STATES OF	No. 208 IF YES WERE IN CERTIFYING CA	AUSES OF D	EATH?	
2	21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. hom etc.l	PLACE OF INJURY (e.g., in e, farm, factory, street, aff	or obout 21 C. WHERE DID	(If In Boltimo	ore City, give	exact location)	
EDIC	21D-TIME (Month) (Doy) (Year) (Har	d 21E	INJURY OCCURRED	21F. HOW DID	NJURY OCCUR?			
100	OF INJURY (APPROX.)	Whi	ile At Not While					
	22. I certify that (i) (this hospital) atte			2 47 54	*** 20	a a)	(10	0.0
	that (1) (we) lost sow the deceased oli	nded H	Tunes to		_19 70 to Jun			
			( ( )		that in (my) (our) op	inian death	occurred on t	he date
	and hour and fram the causes stated at	dve. (I	/ fuer (ara) (arasaet)- A	ew the bady after deat	h.	238 DATE	SIGNED	
	14:201	,	Atten		Stoff Det 2			1
	23C. PHYSICIAN'S		DEGREE Phys.	Director L	Phys	June	2 10	10
	NAME (Typel	041-	4.	ANATOMY	ROLDMAR	MAR	W	
4A	BURIAL CREMATION, 248, DATE	24C. NA	ME el CEMETERY of CRE	MARONY	BOARD OF	MAK	YLAND	
	REMOVAL (Specify) 6-10-70		The second secon	UNIVERSIT	Y MEDICA	L SCI	100L	Siotel
5A	IN 17 SIN Paper E	A.Bea	FAESTRAR	25C. FUNERAL DIRECT		AT -	ADD RESS	
5	150-REV. 1/1/68				MI DERY	UE-	RCND_	



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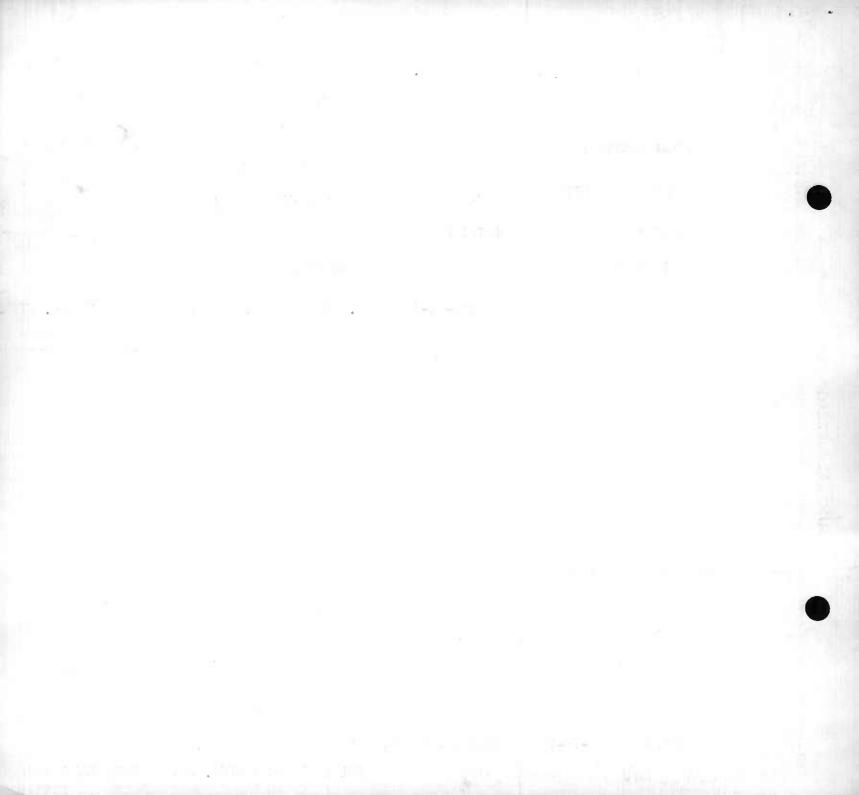
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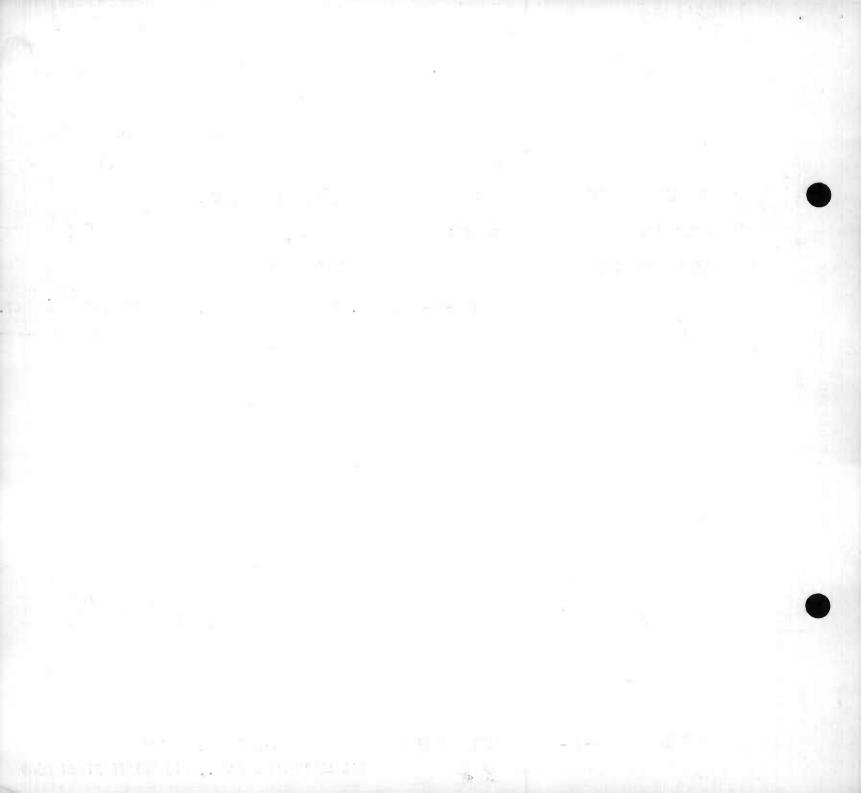
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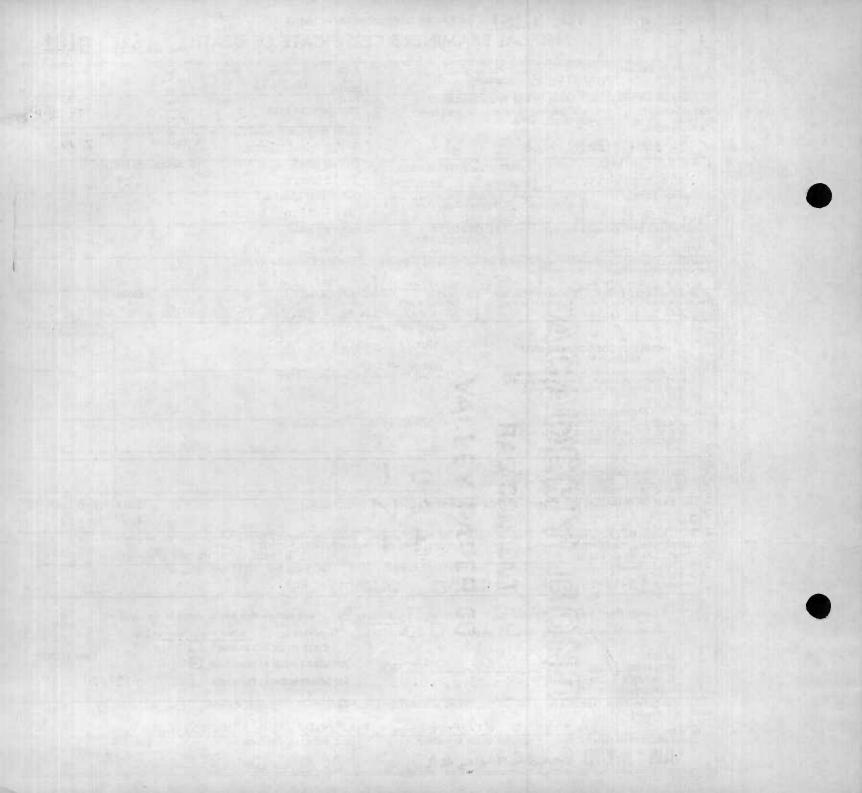
B	- 5.7 C) 731 A17U	THEALTH DEPARTMENT X REG. No. 70 6179
1	NAME OF DECEASED  (ypo or Print)  CUMIN DO MILTON H.	2. DATE AND HOUR OF DEATH
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before odmission)  A. STATE  B. COUNTY
	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
40	2 SINAI HOSPITAL	E. STREET AND NUMBER OV,
	SEX ALE 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday) 17. If Under 24 Hrs. Months Doys Hours Min.
de	DA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY DIRECTION OF BUSINESS OR INDUSTRY PHYSICIAN  MEDICINE	11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	CHAIM CUMIN	UNKNOWN
1.5 (Y	. Wos Deceased Ever in U. S. Armed Forces? es,no or unknown) Ilf yes, give wor or dotes of servicel SECURITY NO.	17. INFORMANT ADDRESS
	NO 220-44-1323	MR. PAUL WOLMAN, 405 MERCANTILE SAFE DEP. ETRL
ATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stoling the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	BETWEEN ONSET AND DEATH
ERTIFIC	19A. DATE OF OPERATION WAS PERFORMED  19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CALC	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of etc.)	or about 21C, WHERE DID (If in Boltimore City, give exect location) injury OCCUR?
MEDI	Work At Work	21F. HOW DID INJURY OCCUR?
	22. I certify that (1) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive on	19 and that in(my) (aur) opinion death accurred on the date
	and have and from the causes stated above. (1) (We) (did) (did not) vi	ew the body ofter deoth.
	Phys	ading Med. Shoff Director Phys. C
	RAFAEL LEVITES	Sinai Hoppital
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stote)
	BURIAL 6-16-70 ANSHE EMUNAH AIT	
	1UN 1 8 1970 Paber E. Jaber M. B.	SOL LEVINSON & BROS. 6010 REISTERSTOWN ROAD



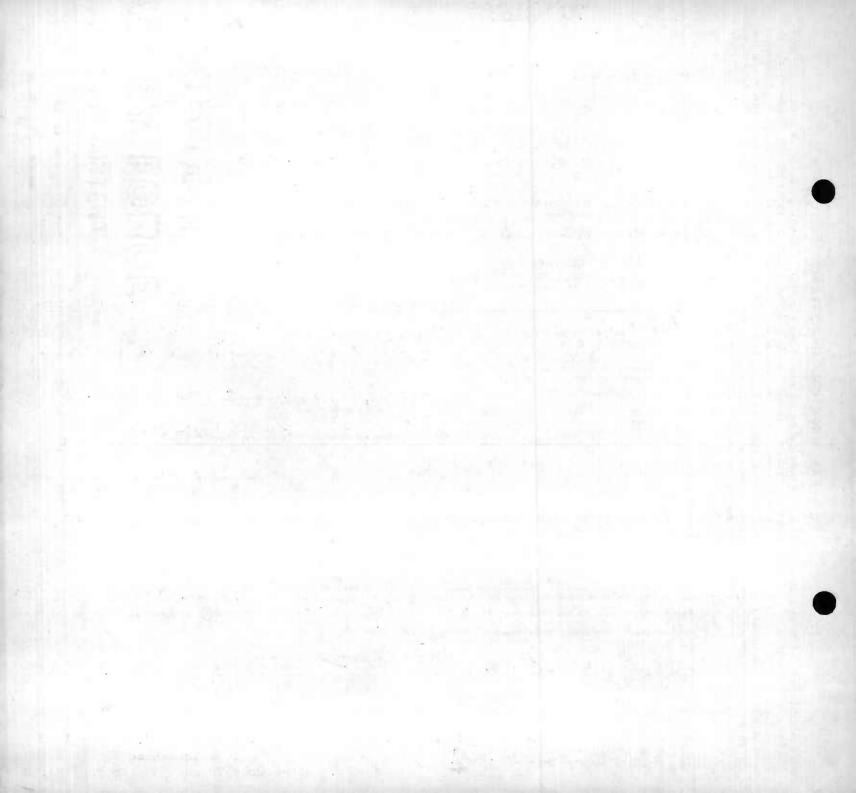
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1	70 6181 BALTIMORE CITY HE MEDICAL EXAMINER'S C	ALTH DEPARTMENT  CERTIFICATE OF DEATH REG. NO	70 6181
BI	RTH NC.	REG. NO.	10 0101
(Ty	NAME OF DECEASED CHARLES B. THERE	2. DATE Known Month Doy OF DEATH Estimated	Year Mour
FU	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3. DATE Month Doy PRONOUNCED DEAD June 16,1970	Yeor Hour 1:45 P.
	5801 Bland Avenue	5. USUAL RESIDENCE (Where deceased lived. If institution A. STATE Maryland B. COUNTY	: residence before admission)
6.	SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CI	77 114175
	Male White WIDOWED DIVORCED	Poltimore.	s 🛮 no 🗆
	DATE OF BIRTH  10.4 Q.5 1897  10.4 Q.5 1897  10.4 Q.5 1897  10.5 (In years of Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours of Months, Doys, Hours of Min.	5801 Bland Avenue	3 Cans
11.	BIRTHPLACE(State or fareign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
don	USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY		
14	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	NORMA	
(Ye	s, na or unknown) (It yes, give wor or doles of service)   SECURITY NO.		DDRESS
-	19. (20-03-085)		RAS #5R
	CAOSE OF BEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE C	wound of head	
		S A CONSEQUENCE OF:	
NO	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	AS A CONSEQUENCE OF:	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
RTI	20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED	21. AUTOPSY? (Yes or Na)
ü	2/	- I EN GRINED	yes
EDICAL	22A. EXTERNAL CAUSE WAS   22B. PLACE OF INJURY (e.g.,	in or about 22C, WHERE DID (If in Boltimore City, give exact	
EDI	UNDERLYING ♣ OR CONTRIB- UTING ☐ CAUSE OF DEATH.  hame, farm, fostory, street, office HOME	5801 Bland Avenue	
	22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED.	22F. HOW DID INJURY OCCUR?	
	(APPROX.) 5-16-70 Unk WHILE AT NOT AT W	WHILE Unk.	
		opsy 🗵 ond that on this basis, death in my	noinlan
	resulted fram: Natural causes Accident Suicid		
	1) 12 1/18	CHIEF MEDICAL EXAMINER	<b>4</b>
	SIGNATURE / Muld / Color M.D.	ACCICTANT MEDICAL EVAMINED	DATE SIGNED
	EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER	6/17/70
24/ RF	N. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (MOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town,	ar caunty) (State)
	BURIAL 6-19-70 Woodlawn	CEMETERY ISALTIMORE	me
25	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR		DRESS 1050 YORK RO
Ve	JUN 1 8 1970 Vaber E. Jarber 16 D.	Was Cook- Blooks Tower En	c. Towers, md
. 3	, , , , , , , , , , , , , , , , , , , ,	0 0 0	

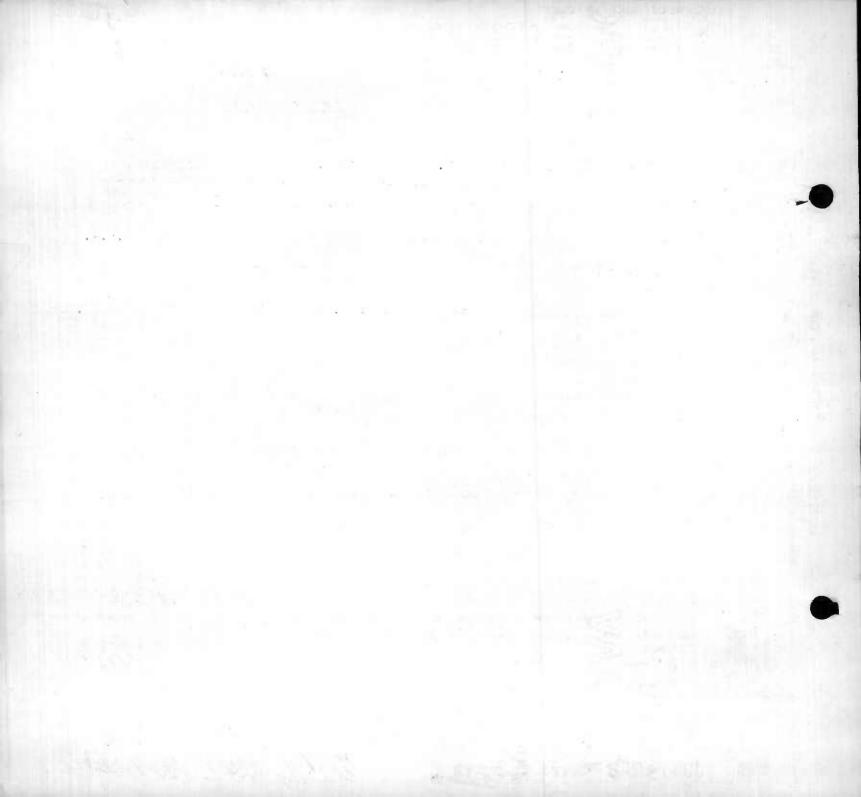


40					REG. NO.		
IRTH NO.			CERTIFICA	IE OF DEATE			
NAME OF DEC	EASED			2. DATE	AND HOUR OF DEAT	тн	
ype or rillio	ANNA G.	GLASHO	FF	6,	16/70		
PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDENCE (V	Vhere deceased lived, to	f institution: residence	before admission
ULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	Md	Baltimor		53-00
NOITUTITZ				C. CITY OR TOWN	D. II	NSIDE CITY LIMITS?	🗀
92				E. STREET AND NUMBER	9	YES	40 X
10	Edgewood Nursing Home						
SEX	6000 Bello			1000 E. Jo		Twin	
	6. RACE	7. MARRIED		B. DATE OF BIRTH	9. AGE (In years tost birthday)	Months Doys	If Under 24 Hr: Hours   Min.
Female	Cau	WIDOWED[		9/22/07	62		
	UPATION (Give kind of work working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF	WHAT COUNTE
		Tolor	nhana Ca	Manual and		77.04	
3. FATHER'S NA	ard operator	Tere	phone Co	Maryland 14. MOTHER'S MAIDEN	NAME	USA	
		1.					
	Elisha Carbac			Annie Conn	erry		
es, no or unknown	Ever in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRE	SS
No			213-10-7654	Mrs William	Woble 207 ar	d AveaClen	Burnie N
1B. 1	. / VI		CAUSE OF DEATH		0		XIMATE INTERVAL
I farture ou an	osthenio, etc. 11 meons		40E 10, 01E 457	A CONSEQUENCE OF:			
DISEASES CONSE TO THE DEAT DISEASE OR CONTROL OF THE DISEASE OR CONTROL OR CONTROL OF THE DISEASE OR CONTROL O	ANTECEDENT CAUSES  OR CONDITIONS, if e obove couse (A) G CONDITION lost,  II EICANTCONDITIONS COI H BUT NOT RELATED TO TI ONDITION GIVEN IN PAR OPERATION 19B. CON WAS PERF	ony, giving stoting the NTRIBUTING HE TERMINAL T 1 (A). DITION FOR WED	(B) Hemo	CONSEQUENCE OF:  WALLOW  20 A. AUTOPSY? (Yes on	No) 20B. IF YES, WEIN CERTIFYING		
DISEASES OF THE PROPERTY OF T	ANTECEDENT CAUSES  OR CONDITIONS, if e obove couse (A)  G CONDITION lost.  II  FICANT CONDITIONS COUNTY CONDITION GIVEN IN PAR OPERATION 179B. CON WAS PERFORMED CAUSE OF medicol exominer)	ony, giving stoting the  NTRIBUTING HE TERMINAL TILL (A). DITION FOR VEORMED	PLACE OF INJURY (e.g., ir e, form, foctory, street, of	20A. AUTOPSY? (Yes on in or obout 21 C. WHERE DIE bidg., INJURY OCCUR	) (If in Boltin	RE FINDINGS CONSII CAUSES OF DEATH?	
DISEASES OF TIME OF THE PROPERTY OF THE DEAT DISEASE OF COLUMN CONTRIBUTION OF	ANTECEDENT CAUSES  OR CONDITIONS, if e obove couse (A)  G CONDITION lost.  II  FIGANT CONDITIONS COINT NOT RELATED TO TO NOT RELATED TO TO NOT RELATED TO TO NOT TO	ony, giving stoting the  NTRIBUTING HE TERMINAL TI (A). DITION FOR VEORMED    21B. hom etc.)	PLACE OF INJURY (e.g., ir e, form, foctory, street, of INJURY OCCURRED	20A. AUTOPSY? (Yes on Indicate bidg., INJURY OCCUR	O (If in Boltin		
DISEASES OF THE CONTRIBUTION OF CONTRIBUTION O	ANTECEDENT CAUSES  OR CONDITIONS, if e obove couse (A)  G CONDITION lost.  II  FICANT CONDITIONS COUNTY CONDITION GIVEN IN PAR OPERATION 179B. CON WAS PERFORMED CAUSE OF medicol exominer)	ony, giving stoting the  NTRIBUTING HE TERMINAL TI (A). DITION FOR VEORMED    21B. hom etc.)	PLACE OF INJURY (e.g., ir e, form, foctory, street, of INJURY OCCURRED	20A. AUTOPSY? (Yes on in or about 21C. WHERE DID included in Jury Occur	) (If in Boltin		
DISEASES CONTISE TO THE DEAT DISEASE OF CONTRIBLE DEATH (notify of injury (APPROX.)	ANTECEDENT CAUSES  OR CONDITIONS, if e obove couse (A) G CONDITION loss.  II  FICANT CONDITIONS CO. H BUT NOT RELATED TO TO ONDITION GIVEN IN PART OPERATION 119B. CON WAS PERFORMED COURSE OF medicol exominer)	ony, giving stoting the  NTRIBUTING HE TERMINAL T.1 (A). DITION FOR VERNED  (Hour) 21E. Whi Wor	PLACE OF INJURY (e.g., ire, form, foctory, street, of INJURY OCCURRED Not While At Work	20A. AUTOPSY? (Yes on in or about 21C. WHERE DID included in Jury Occur	(If in Boltin		
DISEASES Crise to the UN DERLYING OTHER SIGNIF TO THE DEAT DISEASE OR CO 19A. DATE OF CONTRIBLE DEATH (notify CAPPROX.)	ANTECEDENT CAUSES  OR CONDITIONS, if e obove couse (A) GONDITION lost,  IIICANT CONDITIONS COUNTY CONDITION GIVEN IN PAR OPERATION 1988. CON WAS PERFORMED CAUSE OF medicol exominer)  (Month) (Doy) (Year)	ony, giving stoting the NTRIBUTING HE TERMINAL TI (A). DITION FOR VEORMED    218, hometc.) (Hour) 21E, Whiwor) ottended the	PLACE OF INJURY (e.g., ire, form, foctory, street, of INJURY OCCURRED Not While At Work	20A. AUTOPSY? (Yes on Indicate bidg., INJURY OCCUR	INJURY OCCUR?	more City, give exact le	ocotion)
DISEASES Crise to the UNDERLYING  OTHER SIGNIF TO THE DEAT DISEASE OR COTTENDED TO THE DEAT DISEASE OR COTTENDED TO THE DEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (1) we)	ANTECEDENT CAUSES  OR CONDITIONS, if a obove couse (A)  GONDITION lost,  II  CICANTCONDITIONS COLOR OF ANTECHNIC ON	ony, giving stoting the Stotin	PLACE OF INJURY (e.g., in e.g., form, foctory, street, of INJURY OCCURRED its At Work At Work and deceased from	20A. AUTOPSY? (Yes on one bldg., INJURY OCCUR	INJURY OCCUR?	more City, give exact le	ocotion)
DISEASES CONSENSE TO THE DEAT DISEASE OR CONTRIBUTION OF INJURY (APPROX.)	ANTECEDENT CAUSES  OR CONDITIONS, if a obove couse (A)  GONDITION lost,  II  CICANTCONDITIONS COLOR OF ANTECHNIC ON	ony, giving stoting the Stotin	PLACE OF INJURY (e.g., ire, form, foctory, street, of INJURY OCCURRED Not While At Work	20A. AUTOPSY? (Yes on one bldg., INJURY OCCUR	INJURY OCCUR?	more City, give exact le	ocotion)
DISEASES CONSENSE TO THE DEAT DISEASE OR CONTRIBUTION OF INJURY (APPROX.)	ANTECEDENT CAUSES  OR CONDITIONS, if e obove couse (A)  G CONDITION lost.  II  FICANT CONDITIONS COUNTY CONDITION GIVEN IN PARE  OPERATION SIVEN SIVEN IN PARE  OPERATION SIVEN SIVE	ony, giving stoting the Stotin	PLACE OF INJURY (e.g., in e.g., form, foctory, street, of INJURY OCCURRED its At Work At Work and deceased from	20A. AUTOPSY? (Yes on one bldg., INJURY OCCUR	INJURY OCCUR?	more City, give exact le	19 Zerred on the d
DISEASES CONTINUED TO THE DEAT DISEASE OR CONTRIBUTION OF INJURY (APPROX.)  21. I certify that (1) we) ond hour ond	ANTECEDENT CAUSES  OR CONDITIONS, if e obove couse (A)  G CONDITION lost.  II  FICANT CONDITIONS COUNTY OF THE CONDITION OF THE CONDITION PARE  OPERATION SIVEN IN PARE  OP	ony, giving stoting the Stotin	PLACE OF INJURY (e.g., in e.g., form, foctory, street, of INJURY OCCURRED  TINJURY OCCURRED  TINJURY OCCURRED  At Work  At A Work  A Wore  A Work   20A. AUTOPSY? (Yes on one of obout 21C. WHERE DID in or obout 21C. WHERE DID in one of obout 21F. How DID 21F. How DID iew the body ofter deg	INJURY OCCUR?  19 70 to 1 that in (my) (our) oth.	nore City, give exoct le	1920	
DISEASES CONTINUED TO THE DEAT DISEASE OR CONTRIBUTION (APPROX.)  21. I certify that (1) we) and hour and 23. SIGNATU	ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost.  FIGANT CONDITIONS COURT (A) CONDITION GIVEN IN PART OPERATION 198. CON WAS PERFORM (Month) (Doy) (Year)  That (1) this hospital lost sow the deceosed from the couses stated in the court of the	ony, giving stoting the Stotin	PLACE OF INJURY (e.g., ire, form, foctory, street, of INJURY OCCURRED  ILL At Nork  At Nork  Additional Acceptable (did not) v  DEGREE Phys	20A. AUTOPSY? (Yes on obout 21C. WHERE DID increase bidg., INJURY OCCUR 21F. HOW DID 2 19 20 one iew the body ofter degranding Med.	INJURY OCCUR?  thot in(my) (our) oth.	nore City, give exoct le	1920
DISEASES OF TISE TO THE DEAT DISEASE OF CONTRIBE DEATH (notify Death Mark)  21A. ACCIDEN OF CONTRIBE DEATH (notify DATE OF INJURY (APPROX.)  22. I certify that (1) we) and hour one 23A ISIGNATU	ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost.  FIGANT CONDITIONS COURT (A) CONDITION GIVEN IN PART OPERATION 198. CON WAS PERFORM (Month) (Doy) (Year)  That (1) this hospital lost sow the deceosed from the couses stated in the court of the	ony, giving stoting the Stotin	PLACE OF INJURY (e.g., ire, form, foctory, street, of INJURY OCCURRED  ILL At Nork  At Nork  Additional Acceptable (did not) v  DEGREE Phys	20A. AUTOPSY? (Yes on one of obout 21C. WHERE DID in or obout 21C. WHERE DID in one of obout 21F. How DID 21F. How DID iew the body ofter deg	INJURY OCCUR?  19 70 to 1 that in (my) (our) oth.	nore City, give exoct le	1920
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DISEASES CIDE OF THE DEAT OF T	ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost.  FICANT CONDITION S COINT ON THE CONDITION OF COURT ON THE CONDITION OF COURT ON THE COURT OF COURT ON THE COURT ON	ony, giving stoting the NTRIBUTING HE TERMINAL TO	PLACE OF INJURY (e.g., ire, form, foctory, street, of INJURY OCCURRED  INJURY OCCURRED  Not White At Work  At Work  At Work  DEGREE  AME of CEMETERY of CRE	20A. AUTOPSY? (Yes on one obout 21 C. WHERE DIE office bidg., INJURY OCCUR 21F. HOW DID 2 19 2 one of own the body ofter deg	INJURY OCCUR?  19 7 to 10 tho in (my) (our) of the Shoff Phys.	23B. DATE SIGNE	rred on the d
DISEASES CIDE OF THE DEAT  (notify (APPROX.)  21A. ACCIDE OF CONTRIBUTE (APPROX.)  22. I certify that (1) we) and hour and	ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) GONDITION lost.  II  CICANT CONDITIONS COUNTY CONDITION GIVEN IN PAR OPERATION TO RELATED TO TI ONDITION GIVEN IN PAR OPERATION CAUSE OF medicol exominer)  (Month) (Doy) (Yeor)  That (1) this hospital lost sow the deceosed from the couses statement of the couse statement of the couse statement of the couse of	ony, giving stoting the NTRIBUTING HE TERMINAL TO	PLACE OF INJURY (e.g., in e.g., form, foctory, street, of injury occurred.  INJURY OCCURRED  Not White At Work has deceased from the decease of the deceased from the deceased	20A. AUTOPSY? (Yes on one obout 21 C. WHERE DIE office bidg., INJURY OCCUR 21F. HOW DID 2 19 2 one of own the body ofter deg	INJURY OCCUR?  19 70 to 10 thot in (my) (our) of the Phys.   2 LOCATION  Arlington,	23B. DATE SIGNE	rred on the d



FUNERAL DIRECTOR: IMPORTANT

7		BALTIMORE CITY	HEALTH DEPARTMENT		70 6183	
C-200 70	6183	CERTIFICA	TE OF DEATH	REG. NO	<u> </u>	
INAME OF DECEASED	0200		2. DATE	AND HOUR OF DEAT	н	
Type or Print)  FLORA G	COOK		69	TE /70		
3. PLACE IN BALTIMORE, MARYLA		NOUNCED DEAD		here deceased lived. If	institution: residence before admission	
FULL NAME OF (IF NOT IN ADDRESS ON NETTUTION	HOSPITAL OR IN	STITUTION, GIVE STREET	C. CITY OR TOWN	BALTIMORE	ISIDE CITY LIMITS?	
43			E. STREET AND NUMBER	2	YES NO	
SOUTH BATTE	SOUTH BALTTI ORE GENERAL HOSP.			T2 E. HENRETTA STREET		
SEX 6. RACE	T-	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years (lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.	
FEMALE WHITE			6/6/TOO7 11. BIRTHPLACE (Stote or	63	12. CITIZEN OF WHAT COUNTRY	
one during most of working life, even if		7 (7)				
HOUSEWTEE 3. FATHER'S NAME	HC	PE	14. MOTHER'S MAIDEN		U.S.A.	
GEORGE KLINE  5. Wos Deceosed Ever in U. S. An	med Fores-9	1 6. SOCIAL	CLARA MEA	DUS	ADDRESS	
(es, no or unknown) (If yes, give wor	or dotes of service	SECURITY NO.	IV. HAPOKWIANI		ADDRESS	
		226 28 1,267	IRS. RERYL F	ANKOSKI TOTI		
18.412.4 1+	011:4	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITI			anten	scholi	7 4-	
(This does not mean the m		(A) IMMEDIATE CAL	JE		2 Ju.	
heart foilure, osthenio, etc. It			A CONSEQUENCE OF:	la desu	2	
injury or complication which	caused deoth.)	Car	No Note	7	1	
ANTECEDENT C	AUSES	101 Ser	indred	nense	Con	
DISEASES OR CONDITION	S, if any, giv	ing DUE TO, OR AS	A CONSEQUENCE OF:			
rise to the above cause (A) stating the						
	osi,	(C)				
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE OF DISEASE OR CONDITION GIVEN	ED TO THE TERMIN		i Ledde	m.	590	
			20 A. AUTOPSY? (Yes or	No) 208, IF YES, WER	E FINDINGS CONSIDERED	
19A. DATE OF OPERATION 19 W 21A. ACCIDENT WAS UNDERLO OR CONTRIBUTING CAUSE DEATH (notify medicol exomine	OF -	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DIC fice bldg., INJURY OCCUR	(If In Boltim	nore City, give exoct location)	
O 21 D. TIME (Month) (Day)	(Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
OF INJURY (APPROX.)	OF INJURY					
(AFFROX)		Work At Work			1	
22. I certify that (I) (this h	ospital) attende	//		19to	19	
that (1) (we) last saw the deceased alive an						
and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.						
23A. SIGNATURE  23A. SIGNATURE  Attending Med. Shaff Gis						
		DE GREE Phy	s. Director L	Phys.	7.0	
23C. PHYSICIAN'S NAME (Type)	V. G.	Cu	7 0 7 /= - 1	ray c	h.	
24A. BURIAL CREMATION, 24B. D	ATE 240	C. NAME of CEMETERY OF PR	MATORY 24D	LOCATION	(City, town, or county) (Stote)	
Bulgia (	17.70	Calno H.1	1	altimos	Md.	
SA. DATE REC'D BY HEALTH DEP	758 NAA	AE OF REGISTRAR	250 FUNERAL DIRECT	TOR TIMER E	ADDRESS	
40000	BE Jall		Nh Colly	BOF FO	set the.	
/S 150-REV. 1/1/6B	1		1 0			



VS 151-REV. 1/1/68

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IMPORTANT

DIRECTOR:

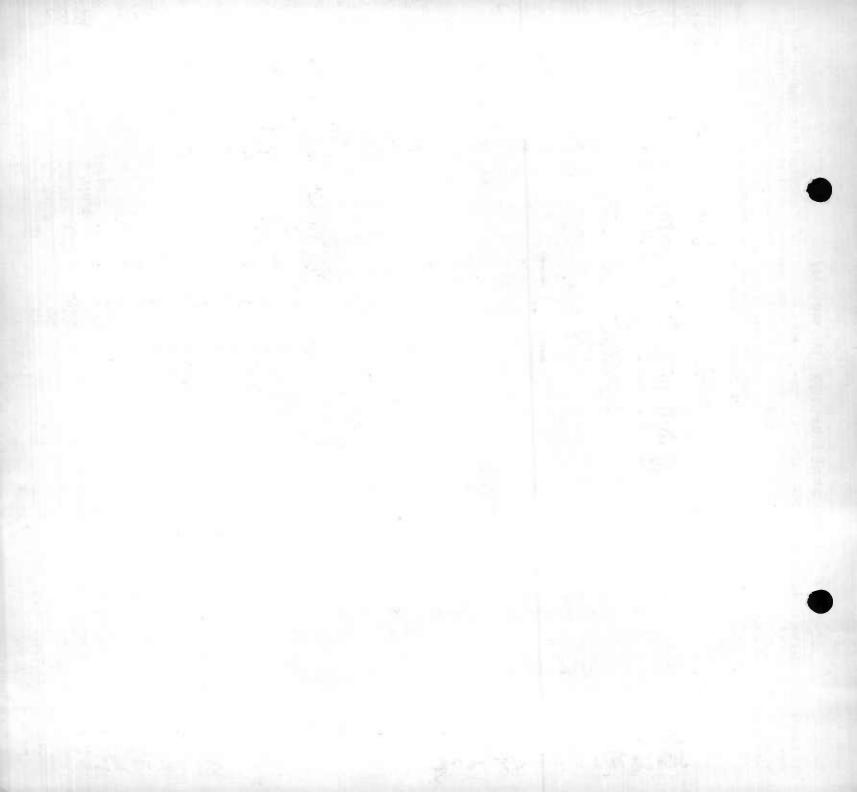
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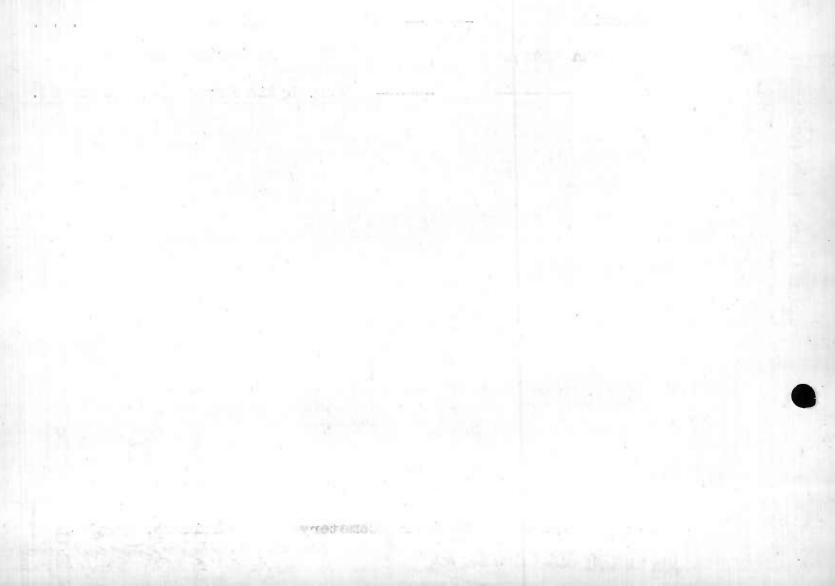
VS 150-REV. 1/1/68

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1-525 70 6187 BALTIMORE CI	ITY HEALTH DEPARTMENT	70 0100						
BIRTH NO. CERTIFIC	ATE OF DEATH Registered No.	10 2793						
M.E. CASE NO.	2. DATE AND HOUR OF DEATH							
Typo or Print Barbara A. Johnson	1 2 2 14 15	170 925						
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where decoosed lived, II inst	titution; residence before admiss						
	A. STATE B. COUNTY	1111						
FULL NAME OF (If not in hospital or institution, give street	Maryla.d	0101						
HOSPITAL OR oddross or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RL	JRAL and give township)						
48	Bullinery							
maryland General Hospital	D. STREET ADDRESS (If rurol, givo location)							
	1341 19411 31,	·						
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH  9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Months: Doys Hours Mi						
F. W	Jen. 3, 1905 65							
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST		12. CITIZEN OF						
done during most of working life, even if retired)	R.	WHAT COUNTRY?						
Housewite	143512	U. S. H.						
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
George SchaechTel	Barbara E. Br	ick man						
5. Was Decoased Ever in U. S. Armod Forces? 16. SOCIAL	17. INFORMANT	ADDRESS						
Yos, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	N) 1 1 + 2 300	11 . 101						
140	Mercedes West 2300 H							
18. 16211 CAUSE	OF DEATH	INTERVAL BETWEEN						
DISEASE OR CONDITION DIRECTLY								
LEADING TO DEATH	tastatin Squamous Cercinana							
(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenio, etc. II meons the disease,	of Luno	,						
injury or complication which caused death.)	0	* - W. H						
ANTECEDENT CAUSES (8)	***************************************	wass						
DISEASES OR CONDITIONS, if any, giving								
rise to the above couse (A) stoting the (C)	######################################							
UNDERLYING CONDITION last.								
, III								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
DISEASE OR CONDITION CAUSING IT.	TAA.							
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yos of No) 20 B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?						
U 2TA. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g. of Norme, form, loctory, street,	g., in or about 21C. WHERE DID (If in Baltimare, office bldg., INJURY OCCUR?	City, give exect location)						
DEATH (notily medical examiner)								
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?							
OF INJURY  (APPROX.)  While At Not W								
Work At We								
2. I certify that (1) (this haspital) attended the deceased from May 6 1970 to June 14 1926								
that (1) (we) last saw the deceased alive an June 14	that (I) (we) last saw the deceased alive an June 14 19 20 and that in (my) (aur) apinian death accurred an the d							
and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.								
23A. SIGNATURE		23 B. DATE SIGNED						
Shao-Huxung Cheu	Phys. Director Phys.	June 19, 19;						
23C. PHYSICIAM'S NAME (Typo)	123D. ADDRESS							
M.	.D. South Ballimore General	1 Hespital						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION (City	, town, or county) (Sto						
BELLEVILLE IC IC.								
Burit 1 6/18/70 Odl/Indra Nola	onal Constory Bellimore,	Mand						
25A. DATE REC'D BY HEALTH DENT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR STEVES FOR	44 eral ADDRESS PATE						
THE TENTO VICEOUS C. VANDER, T.A.	JEAL F FOL	T AVEGUY						
	1) al E. FOR	1 14444						

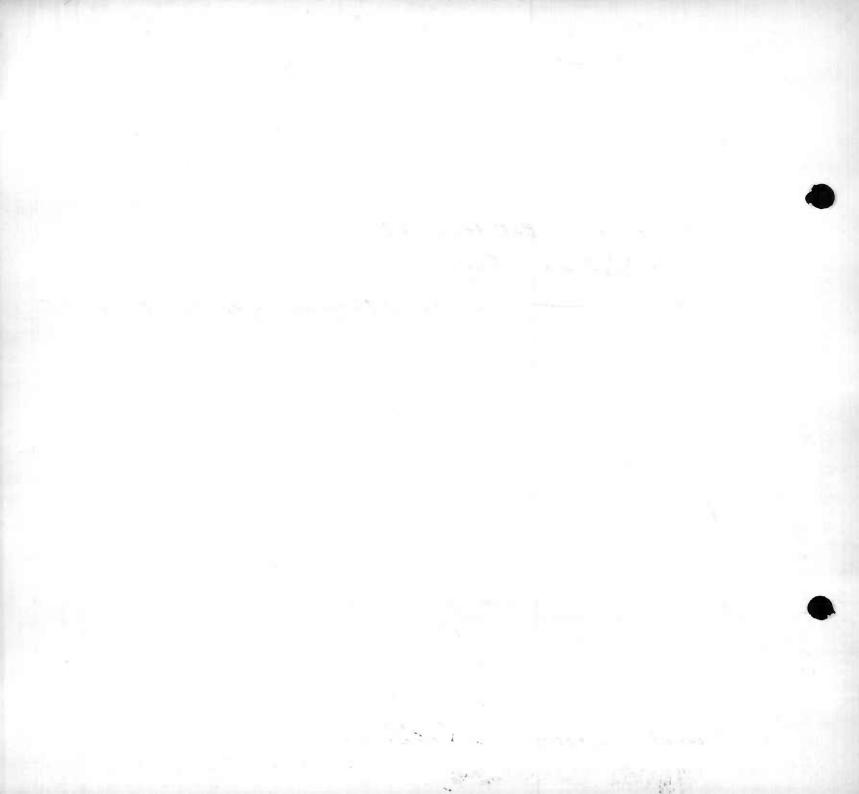


7 12/3 70	BALTIMORE CIT		70 6188
	6188 CERTIFICA	ATE OF DEATH REG. NO	0100
IRTH NO.		2. DATE AND HOUR OF DEAT	ш
Type or Print)	TOUCT	JUNE 9, 1970	
MINNIE. PLACE IN BALTIMORE, MARYLAND, W	FAUST	4, USUAL RESIDENCE (Where deceased lived, If	A: 00 P,
	TAL OR INSTITUTION, GIVE STREET	A. STATE B. COUNTY  Maryland	2401
HOSPITAL OR ADDRESS OR LOCA	ATION)		VISIDE CITY LIMITS?
// South Boltime	ore General Hosp.		153 🖾 110 🗌
43 south barting	ore deneral nosp.	1436 Andre St.	
SEX 6. RACE	7- MARRIED NEVER MARRIED DIVORCED DIVORCED	7/10/86 9. AGE (In years lost birthday) 83	Manths Days Haurs Min.
DA. USUAL OCCUPATION (Give kind of world		Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNT
one during most of working life, even if retired) Housewife	\$500 mm 4400 que 6400 pm	Maryland	U.S.A.
3. FATHER'S NAME	¥	14. MOTHER'S MAIDEN NAME	
John Stoo	25	Katherine Tro	utman
. Was Deceased Ever in U. S. Armed For		17. INFORMANT	ADDRESS -
(es, no or unknown) (If yes, give wor or dote	es of service) SECURITY NO.	Mrs. Lydia Norden 14	36 Andre St.
18. / 22 9 4 7	CAUSE OF DEA	TH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DI	DECTIV		BETWEEN ONSET AND DEA
LEADING TO DEATH	RECTE	Compact in tonction	
(This does not mean the mode of	dying, e.g., (A)IMMEDIATE CA	use Cerebral mfanction s a consequence of:	
hearl foilure, osthenio, etc. Il means	ille disease,	A CONSEQUENCE OF.	
	I double \		
injury or complication which coused			
ANTECEDENT CAUSES		ovascular arteriosclerosis	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if	ony, giving (B). Cerebr	o vascular arterios clerosis s a consequence of:	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove couse (A)	ony, giving DUE TO, OR A		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION tost.	ony, giving DUE TO, OR A slotling the		
DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION tost.	ony, giving DUE TO, OR A  (B). Cerebr DUE TO, OR A  (C)	mellitus	
DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION tost.	ony, giving DUE TO, OR A  (B). Cerebr DUE TO, OR A  (C)	mellitus	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR	ony, giving DUE TO, OR A COLOR OF TO THE TERMINAL RT 1 (A).	mellitus levotic cardio vascular disea	30
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost.  11 OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PER	ony, giving DUE TO, OR A COLOR OF THE TERMINAL RT 1 (A).  NOTION FOR WHICH OPERATION REFORMED	mellitus  [evotic avdio vascular disea  [20A. AUTOPSY? (Yes or No)] 20B. IF YES, WER IN CERTIFYING	
DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 179A. DATE OF OPERATION 198. CON	ony, giving sloting the  (C)	mellitus  [evotic avdio vescular disea  [20A. AUTOPSY? (Yes or No)] 20B. IF YES, WER IN CERTIFYING	30
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ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PER OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21D. TIME (Month) (Day) (Year)	ONTRIBUTING  CONTRIBUTING  THE TERMINAL  RT 1 (A).  PART 1 (B).  PART	mellitus  [evotic cavair vescular disea  20A. AUTOPSY? (Yes or No) 20B. IF YES, WER IN CERTIFYING C in or obout 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	JC E FINDINGS CONSIDERED AUSES OF DEATH?
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise Io the obove couse (A) UNDERLYING CONDITION lost.  II OTHER SIGNIFICANT CONDITION S CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PER 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)  21 D. TIME (Month) (Day) (Year)	ony, giving DUE TO, OR A Stoling The (C)	mellitus  [evotic cavair vescular disea  20A. AUTOPSY? (Yes or No) 20B. IF YES, WER IN CERTIFYING C  in or obout 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	E FINDINGS CONSIDERED CAUSES OF DEATH?
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost.  II OTHER SIGNIFICANT CONDITION S CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. COM WAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospital	ONTRIBUTING THE TERMINAL  ATTENTOSE  (B) Cerebr  DUE TO, OR A  ONTRIBUTING THE TERMINAL  ATTENTOSE  ATTENTOSE  (C)	mellitus  [evotic cavair vescular disea  20A. AUTOPSY? (Yes or No) 20B. IF YES, WER IN CERTIFYING C  in or obout 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? Fore City, give exact location)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost.  II OTHER SIGNIFICANT CONDITION S CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. COM WAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospital	ONTRIBUTING THE TERMINAL  ATTENTOSE  (B) Cerebr  DUE TO, OR A  ONTRIBUTING THE TERMINAL  ATTENTOSE  ATTENTOSE  (C)	mellitus  [evotic cavair vescular disea  20A. AUTOPSY? (Yes or No) 20B. IF YES, WER IN CERTIFYING C  in or obout 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? Fore City, give exact location)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITION S CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR DISEASE	ONTRIBUTING THE TERMINAL RT 1 (A).  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Houn) 21E. INJURY OCCURRED While At Not Who Which of the work	mellitus  [evotic cavair vescular disea  20A. AUTOPSY? (Yes or No) 20B. IF YES, WER IN CERTIFYING Confice bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? Fore City, give exact location)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR DISEASE	ONTRIBUTING THE TERMINAL  ATTENTOSE  (B) Cerebr  DUE TO, OR A  ONTRIBUTING THE TERMINAL  ATTENTOSE  ATTENTOSE  (C)	mellitus  [evotic cavair vescular disea  20A. AUTOPSY? (Yes or No) 20B. IF YES, WER IN CERTIFYING Confice bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	E FINDINGS CONSIDERED CAUSES OF DEATH?  Fore City, give exoct location)  JUNG 9 19 70  Ipinian death accurred an the death
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost.  11 OTHER SIGNIFICANT CONDITION S CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR 17 18 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)  21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospita that (I) (we) last saw the decease and haur and from the causes sta 23A. SIGNATURE	ONTRIBUTING THE TERMINAL  ANTENNOS  ANTERORMED  21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)  (Houn)  21E. INJURY OCCURRED  While At Not Whork Work  Not Whork  At Work  At Wo	mellitus  [evotic cavair vescular disea  20A. AUTOPSY? (Yes or No) 20B. IF YES, WER IN CERTIFYING Confice bidg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? Fore City, give exact location)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost.  11 OTHER SIGNIFICANT CONDITION S CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR 179A. DATE OF OPERATION 198. CON WAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)  21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospita that (I) (we) last saw the decease and haur and from the causes sta 23A. SIGNATURE	ONTRIBUTING THE TERMINAL RT 1 (A).  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At Not Who Work Work  At Work  Not Who work  Not W	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 70 and that in (my) (aur) a view the bady after deoth.	DEFINDINGS CONSIDERED CAUSES OF DEATH?  Fore City, give exoct location)  June 9 19 70  Ipinian death accurred an the death accurred and t
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost.  I OTHER SIGNIFICANT CONDITION S CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PER UT OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and from the causes stal 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	ONTRIBUTING THE TERMINAL  ANTENNOS  ANTERORMED  21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)  (Houn)  21E. INJURY OCCURRED  While At Not Whork Work  Not Whork  At Work  At Wo	mellitus  [evotic avdib vescular disea  20A. AUTOPSY? (Yes or No) 20B. IF YES, WER IN CERTIFYING C  in or obout 21C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  ile 19 70 and that in (my) (aur) a  view the bady after deoth.  tending Med. Staff ys. Director Phys. 22D. ADDRESS  50 4 74 Bs/Timene Center	DEFINDINGS CONSIDERED CAUSES OF DEATH?  Fore City, give exoct location)  June 9 19 70  Ipinian death accurred an the death accurred and t
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost.  11 OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION GIVEN IN PAR 179A. DATE OF OPERATION 198. CON WAS PER  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)  21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospita that (I) (we) last saw the decease and haur and from the causes sta 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	ONTRIBUTING  ONTRIBUTING  THE TERMINAL  RT 1 (A).  21B. PLACE OF INJURY (e.g., form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Whork  Not Whork  Not Whork  Not Whork  Not Whork  At Work  I) ottended the deceased fram	mellitus  [evotic avdio vescular disea  20A. AUTOPSY? (Yes or No!) 20B. IF YES, WER IN CERTIFYING C  in ar about 21C. WHERE DID office bldg., INJURY OCCUR?  [If In Boltin office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  [Ile ]  21F. HOW DID INJURY OCCUR?  ile ]  21F. HOW DID INJURY OCCUR?  ive the bady after death.  view the bady after death.  tending   Med.   Shaff   Phys.    23D. ADDRESS  So a The Boltin are Created.	E FINDINGS CONSIDERED AUSES OF DEATH?  There City, give exact location)  19 70



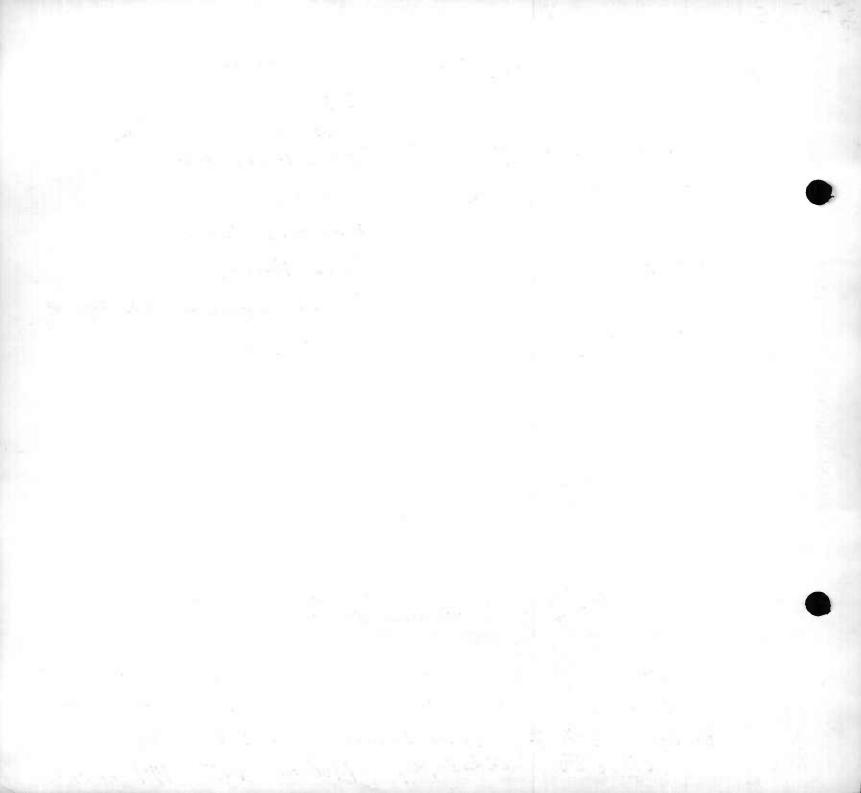
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT						
BIRTH NO. 70 6189 CERTIFICATE OF DEATH REG. NO. 70 6189						
I NAME OF DECEASED 2. DATE AND HOUR OF DEATH						
JOHN H. SAGER JUNE 14, 1970 12:45 P.						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE 8. COUNTY						
HULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)						
SOUTH BALTIMORE GENERAL BALTIMORE VES TO NO STATE OF SOUTH BALTIMORE O						
E. STREET AND NUMBER						
1410 TOWION 21.						
5. SEX 6. RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (in years lift Under 1 Yr. If Under 24 Hr. Manths: Days Hours Min.						
MIDOWED DIVORCED 10-9-09 60						
done during most of working life, even it retired)						
1 6010-1 60110114						
The months of market market						
15. Was Deceased Ever in U. S. Armod Foices?   16. SOCIAL   17. INFORMANT ADDRESS						
(Tes, no at unknown) (II yes, give wor of dates of sorvice)   SECURITY NO.						
12-09-6000 Pargaret Sager 1410 Towsen ST						
DISEASE OR CONDITION DIRECTLY						
LEADING TO DEATH CAMMEDIATE CALIFE METASTATIE CA						
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
Injury or complication which caused death.)  ANTECEDENT CAUSES  CA OF ESOPHAGUS						
DISEASES OR CONDITIONS, if any, giving  (8)  DUE TO, OR AS A CONSEQUENCE OF:						
rise to the above cause (A) stating the						
UNDERLYING CONDITION last. (C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
U 21A. ACCIDENT WAS LINDERLYING TO 1218 HACE OF INJUNIOR AND ACCIDENT WAS LINDERLY						
OR CONTRIBUTING CAUSE OF home, (orm, loctory, street, office bldg., INJURY OCCUR?						
OF (NJURY OF (NJURY OCCUR)  White At The Not White The Not						
While At Not While At Work						
22. I certify that (1) (this hospital) attended the deceased from 6 - 5 1970 to 6 - 14 1970						
that (1) (we) lost sow the deceased alive on 6 - 14 19 70 and that In(my) (our) opinion death accurred on the date						
ond hour and from the couses stated abave. (1) (We) (did) (did nat) view the bady ofter death.						
23A. SIGNATURE 23B. DATE SIGNED						
Jace B. Cower a, M. Degree Phys. Director Phys. B 6-14-70						
23C. PHYSICIAN'S NAME (Typel TOSE D. CORNESS MANY (Typel T						
21A, BURIAL CREMATION, 124B, DATE 124C, NAME OF CREMETERY OF CREMATORY (P. 124D, LOCATION (City town of county) (Single)						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY / Pork 24D. LOCATION (City, town, or county) (State)  Burial (City, town, or county)						
25A. DATE RECT BY-HEALTH DEPT. 25B. NAME OF REGISTRAR 25G. FUNERAL DIRECTOR STEVENS FULL ENDOYESSINE I						
VS 150-REV. 1/1/68						



1	70 6190 BALTIMORE CITY HEALTH DEPARTMENT
	RTH NO.  NAME OF DECEASED  REG. NO. 70 6190
	(pe or Print)  2. DATE AND HOUR OF DEATH  2. DATE AND HOUR OF DEATH  2. DATE AND HOUR OF DEATH
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PROMOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE  B. COUNTY
H	OSPITAL OR ADDRESS OR LOCATION OF LOCATION OF STREET OF LOCATION O
-0	SA HO. YES NO DE E. STREET AND NUMBER
	June 1104). 6 3002 MAINE AVE.
P	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Nonths Doys Hours Min.
do	LUSUAL OCCUPATION (Give kind of work 10 B. KINO OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME  FATHER'S NAME  RINGSTREE S.C.
130	MOTHER'S MAIDEN NAME
15.	Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT
Ye	s, no of unknown! (If yes, give wor at dotes of service) SECURITY NO.
_	CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.
	injury as complication which caused death.)
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:
	tise to the above cause (A) staling the
	ONDERLING CONDITION last. (C)
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
RTIFIC	19A-DATE OF OPERATION   19R CONDITION FOR WHICH OPERATION   20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, farm, factory, street, affice bidg., INJURY OCCUR?
MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURED 21F. HOW OID INJURY OCCUR?
	(APPROX.) While At Work At Work
	22. I certify that (1) (this hospital) attended the deceased from 10 AM June 15 19 10 to 8: 49M June 19 20
	that (1) (we) last sow the deceased alive an A. 30 AM fully 1519 70 and that in (my) (our opinion death occurred on the date
	ond hour ond from the couses stated obove. (1) (We) (did not) view the bady after death.
	7 Attending Med. To Shaff CO
	Affending Med. Staff Director Phys. 23C.PHTSICIAN'S NAME (Type)  23C.PHTSICIAN'S NAME (Type)  23D. ADDRESS
	HY (111 TAIN DH -C
24A	BURIAL CREMATION, 248. DATE 24C. NAME el CEMETERY et CREMATORY 24D. LOCATION (City, Cown, or county) (Stote)
k	Carried (-71, 10) (1 Agree Man Dr
25A	DATE REC'D BY HEALTH DEPT. 26B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR AODRESS  A ODRESS  MORTON SA DIRECTOR  A ODRESS
_	THE PURCH THE PROPERTY
5	150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT



70 6191 BALTIMORE CITY HEALTH DEPARTMENT

70 6	191
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	TO DALIMORE CIT HEALTH DEPARTMENT	0404
5-534	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	P13.1
, , , ,	1. NAME OF DECEASED   2. DATE   Knawn   Manth Day Year OF DEATH   Estimated	Hour
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Year	M. Hour
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD 6 14 1970	7:30 A. <sub>M.</sub>
2 X	USPH HOspital  5. USUAL RESIDENCE (Where deceased lived. If Institution: residence beautiful and a state beaut	.15
	6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS?	
	Wal-	10 🗆
	9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Manths, Days Haurs Min.	-
	3-15-1956 14   1508 N. Smallwood Drive	
	II. BIRTHPLACE (Stole or foreign country)  I2. CITIZEN OF WHAT COUNTRY? U.S.A.  I3. FATHER'S NAME Jerry Smith	
	14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME	
	Student School Chunja Sul	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT ADDRESS (Yes, na ar unknawn) (If yes, give war or dates of service) SECURITY NO.	
	No.   -0-   Sp/5 Jerry Smith 1508 N. Sma	llwood Stre
		ROXIMATE INTERVAL EN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	
	LEADING TO DEATH  (This does not mean the made of dying, e.g.,  (A) IMMEDIATE CAUSE Hepatitis  DUE TO OR AS A CONSEQUENCE OF	
	(Inis ages not mean the made of dying, e.g., heart lailure, asthenia, étc. it means the disease, injury ar complication which coused death.)	
	milety of complication which coosed declin.)	
	ANTECEDENT CAUSES (B)	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
	(C)	
	USEASE OR CONDITION GIVEN IN PART 1 (A).	
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOP	SY? (Yes or No)
	3 y	res
	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., In or obout 22C. WHERE DID (If in Boltimore City, give exoct location) home, form, loctory, street, office bldg., etc.) INJURY OCCUR?	
	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED 22F, HOW DID INJURY OCCUR?	
	OF INJURY (APPROX.)  m. WHILE AT NOT WHILE AT WORK	
	23.	
	resulted from: Natural causes X Accident Suicide Homicide Undetermined manner	
	ACTUAL CHIEF MEDICAL EXAMINER L	DATE SIGNED
	SIGNATURE	
	EXAMINER'S  NAME (Type)  Tsidore Mihalakis, M.D.  ASSOCIATE MEDICAL EXAMINER []  6-1	5 70
	24A BURIAL CREMATION 24B DATE 24C NAME of CEMETERY OF CREMATORY 24D LOCATION (C)	.5-70 (Stote)
	REMOVAL (Specify)  Purial (10.70 Balto Natl) Compton	
	25A. DATE REC'D BY HEALTH DESTO  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  ADDRESS  MOR TON & DVETT F. H. 1701 1 200	Turiu
	MORTON & DYETT F.H. 1701 Lau	rens Street
	VS 151-REV. 1/1/68	

2 for the Fisher, Wed Com

22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) home, form, loctory, street, office bidg., etc.) INJURY OCCUR?

UTING CAUSE OF DEATH. 22D. TIME (Month) (Dov) (Hour) 22E.INJURY OCCURRED (Year) OF INJURY WHILE AT NOT WHILE (APPROX.) WORK 23.

Accident

Autopsy K Inspection and that on this basis, death in my opinion Suicide Homicide \_\_\_ Undetermined manner

22F. HOW DID INJURY OCCUR?

ACTUAL SIGNATURE M.D. **EXAMINER'S** Russell S. Fisher, M.D.

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER

6-15-70

DATE SIGNED

BURIAL

24B. DATE

I certify that I held on Inquiry

resulted from: Natural couses

TSALTO NATIONAL

24C. NAME of CEMETERY or CREMATORY

BULTOS MD.

24D. LOCATION (City, town, or county)

25C. FUNERAL DIRECTOR MARCH 928 E. NORTH AV

REMOVAL (Specify)

NAME (Type)

24A. BURIAL CREMATION,



OF MITE

0 = 0

Cause

Lat P

IMPORTANT

DIRECTOR:

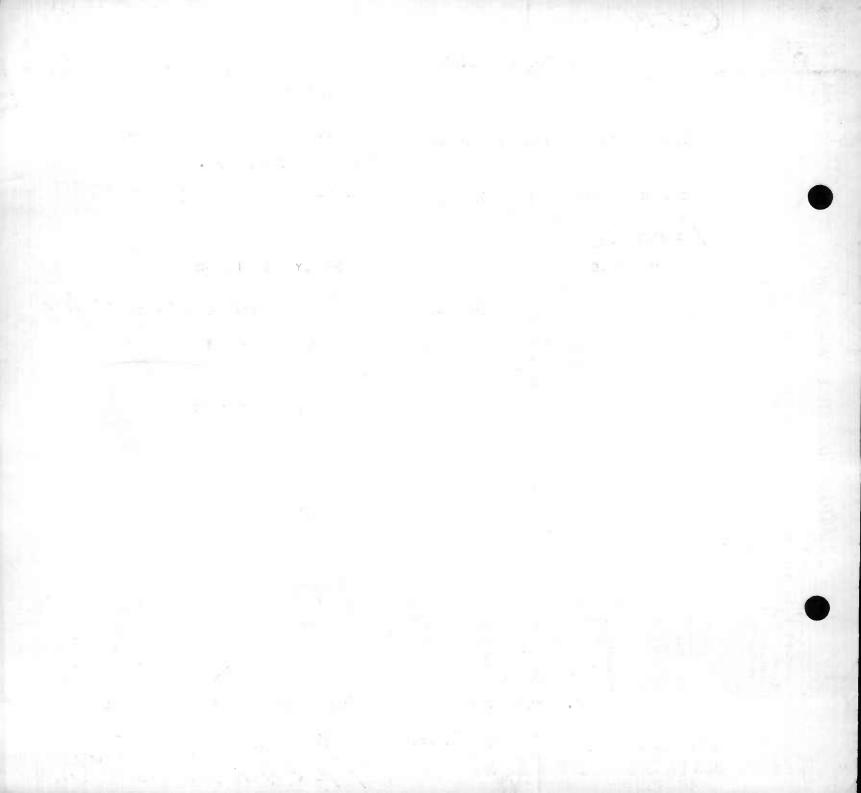
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hospital

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rover

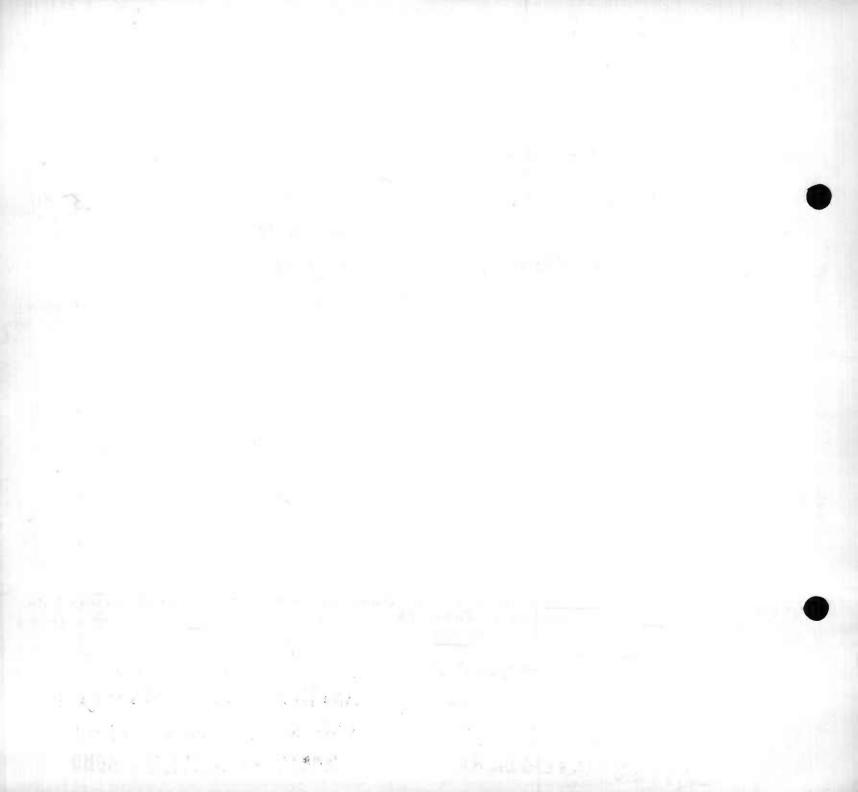
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IMPORTAN

DIRECTOR:

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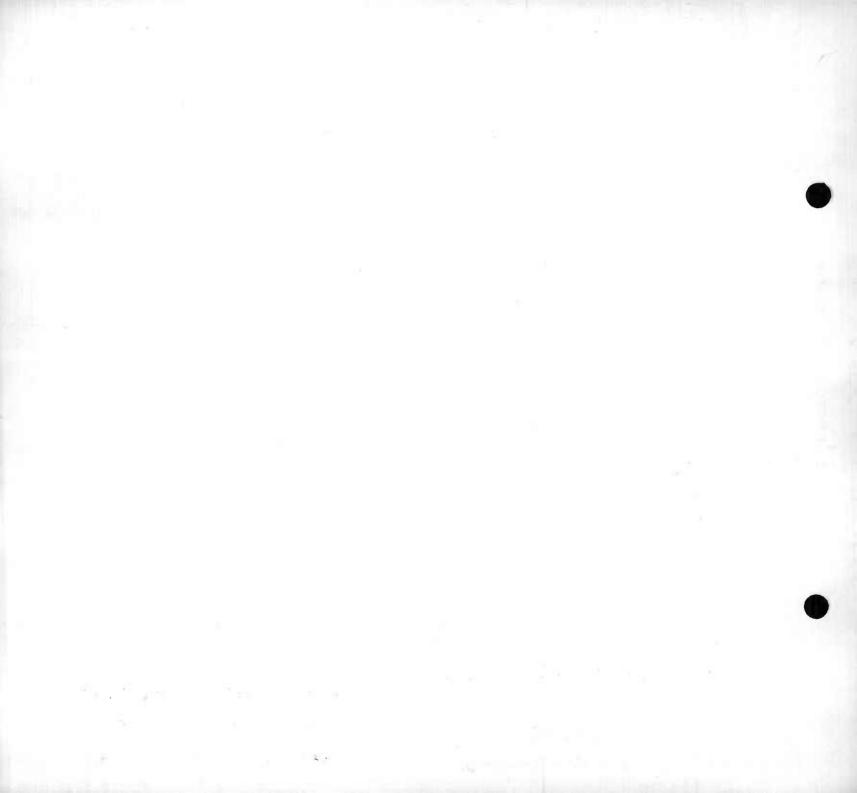


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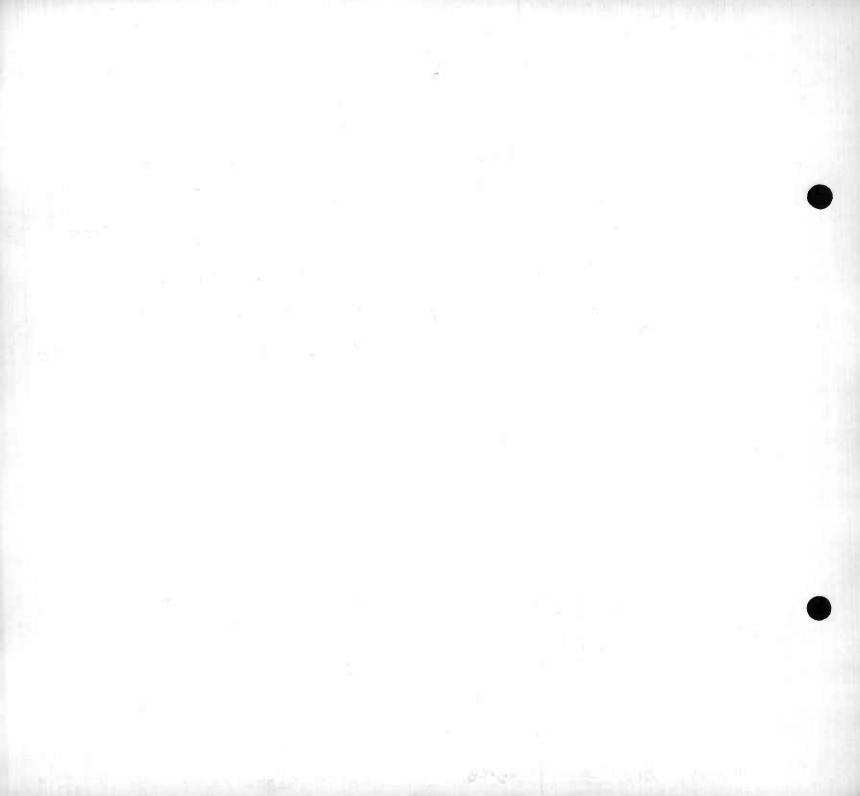
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FUNERAL

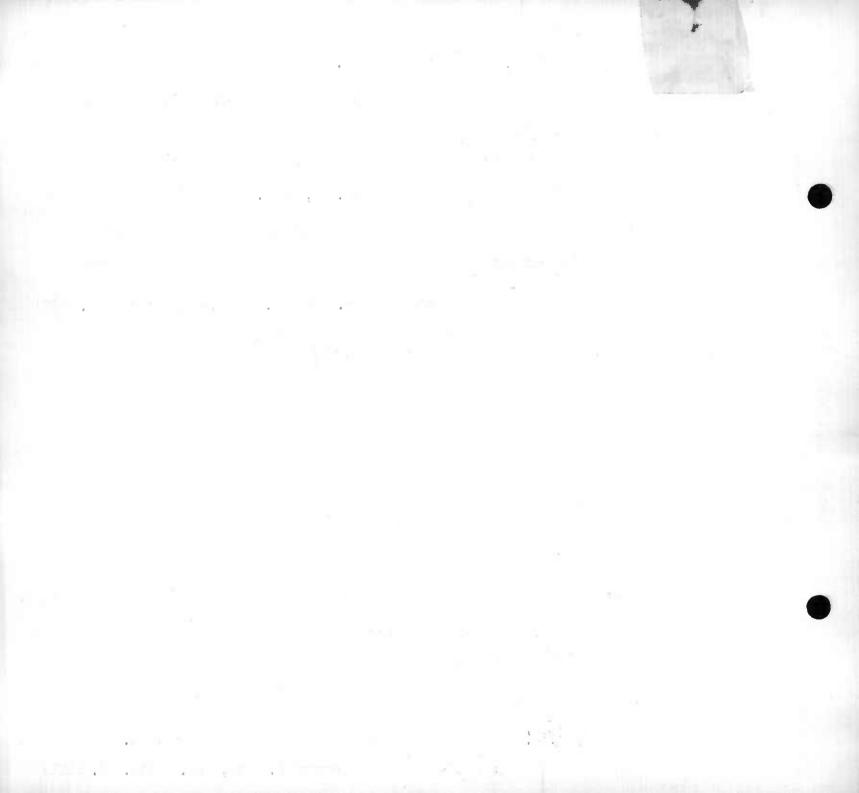
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1 = 0 = 70 0	BALTIMORE CITY	HEALTH DEPARTMENT		70 6196
BIRTH NO.	196 CERTIFICA	TE OF DEATH	REG. NO	6136
1. NAME OF DECEASED (Type or Print) TOTALSON. LIFE	us H.	2. DATE AN	ID HOUR OF DEATH	्रपा
3. PLACE IN BALTIMORE, MARYLAND, WHERE		4. USUAL RESIDENCE (When	re deceased lived, Il instit	ution: residence before admission
		A. STATE   B. COUN	AV V	1/01
HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	C. CITY OR TOWN	41 10	CITY LIMITS?
		RALLO		ES M NO
St Paris Visit V	1. V. 1	E. STREET AND NUMBER	1111	•
MULLERSIAN D	10560 (4-1	604 NI CA	tercollyour	AVE 712(7
S. SEX	RRIED NEVER MARRIED		9. AGE (In years I lost birthday)	f Under 1 Yr. II Under 24 Hrs Nanths: Days : Haurs : Min.
	OWED DIVORCED	1-45-04	60	Total Political
OA. USUAL OCCUPATION (Give kind of work 10 B. Ki	NO OF BUSINESS OR INDUSTRY	BIRTHPLACE (State or farei		2. CITIZEN OF WHAT COUNTR
Valor		Uinen U	shul	line SA O.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME ,	august Torsean
11m Emons		1100	Barre	
5. Was Deceased Ever in U. S. Armed Farces? Yes, no ar unknawn) (If yes, give war or dates of se	16. SOCIAL	17. INFORMANT	crown	ADDRESS
Del dies of se	SECURITY NO.	. Ko	: :01	CHA
18.44 21 91	CAUSE OF DEATH	Will I'M	nue John	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH		- CVA-PROK	0/10	12-18/785
(This does not meon the mode of dying, heart failure, asthenia, etc. It means the di	e.g., DUE TO, OR AS A	CONSEQUENCE OF:	APU	14 15 (14)
injury or complication which caused death.		orrhage		
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any,				
rise to the above cause (A) stating UNDERLYING CONDITION last.	ine	CONSEQUENCE OF:		
11	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	INAL		*****************************	H0000
	FOR WHICH OPERATION	20A. AUTOPSYR (Yes at Na)	208. IF YES, WERE FINE	DINGS CONSIDERED
WAS TERFORMEL		NU	IN CERTIFYING CAUSE	S OF DEATH?
OR CONTRIBUTING TICALISE OF	21 B. PLACE OF INJURY (e.g., in home, form, factory, street, alfi	or about 21C. WHERE DID	(If In Boltimore Ci	ty, give exact location)
DEATH (notify medical exomined	elc.)			
DEATH (notify medical examiner)  21D.TIME (Month) (Doy) (Year) (Hauri	21E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
(APPROX.)	While At Not While At Work			
22. I certify that ((1) (this hospital) atten		<u> </u>	0	13.30
that (i) (we) last saw the deceased alive			10 6	15 19
1			i iu (mh) (ont) oblujoi	death occurred on the date
and hour and fram the causes stated aba	ve. (1) (me) (did) (did not) vie	ew the body ofter death.		
The state of the s	Attend	ding Meds		R DATE SIGNED
23C-PHYSICIAN'S	DEGREE Phys.	Director L P	Staff Phys.	6-17-40
NAME (Type)	A \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	D. ADDRESS	11 16	. /
1 V ( C ,	ACAMUS DEGREE	UNIVERSE	LA HOSELA	41
4A. BURIAL CREMATION, 24B. DATE 2	40. NAME OF CEMETERY OF CREA	AATORY 24D. LO	CATION (City, to	own, or county) (State)
Bureal 620%	In June	cent 1	Salts	mex
	AME OF REGISTRAR	25C TUNERAL DIRECTOR		ADDRESS
JUN 1 8 1970 Robert E. Jack	ey Kg	80 Wolas	Masoln	antleulhe
S 150-REV. 1/1/68			- v- va	- July



Official address support the same Movement and the second Bransmer A. Esled resterture surrege + Dedista Meestin - Polos Systemic polos Polos Pri الده - Post see , the control of a second second The state of the s v = 2 TO REPORT OF SME AND A PERSON OF THE



hospital

IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

BETWEEN ONSET AND DEATH

USA

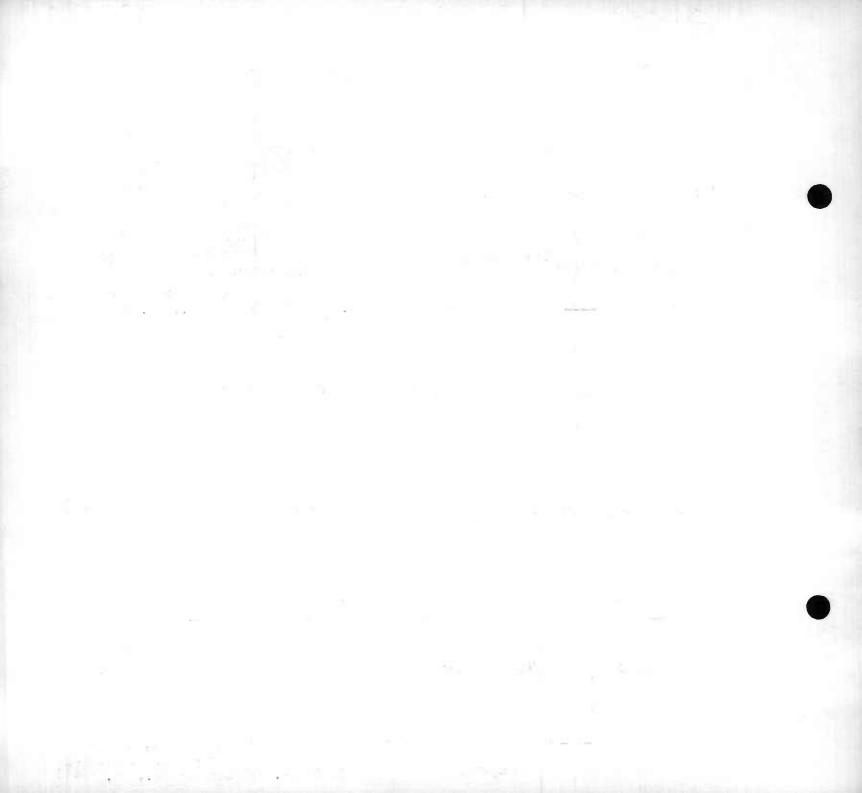
ADDRESS

If Under 24 Hrs.

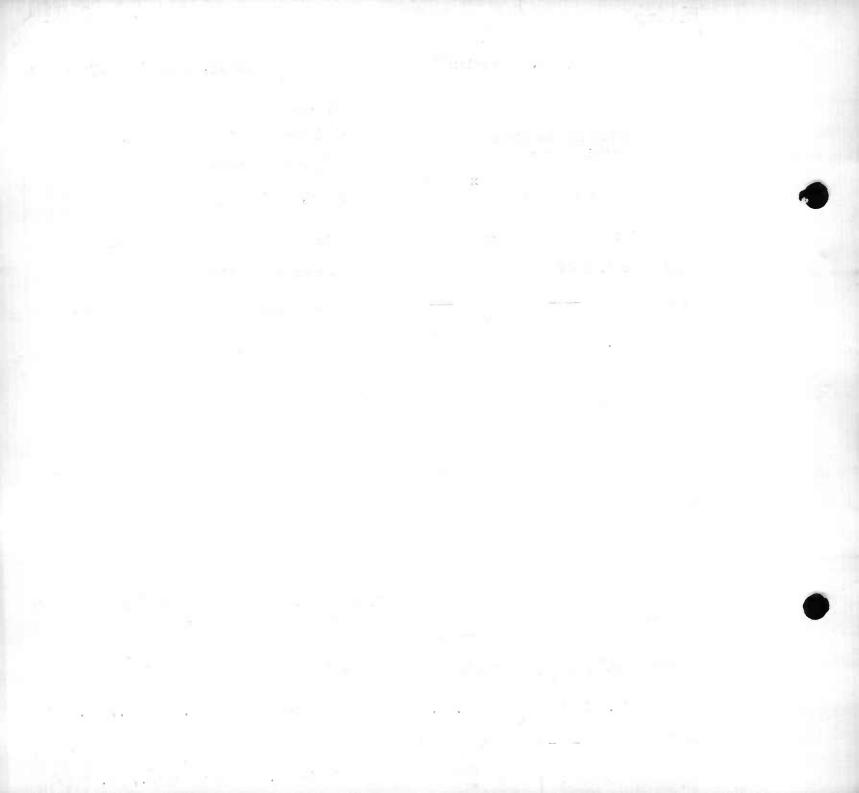
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THE RESIDENCE OF THE PROPERTY 
- Frank is the Burger in

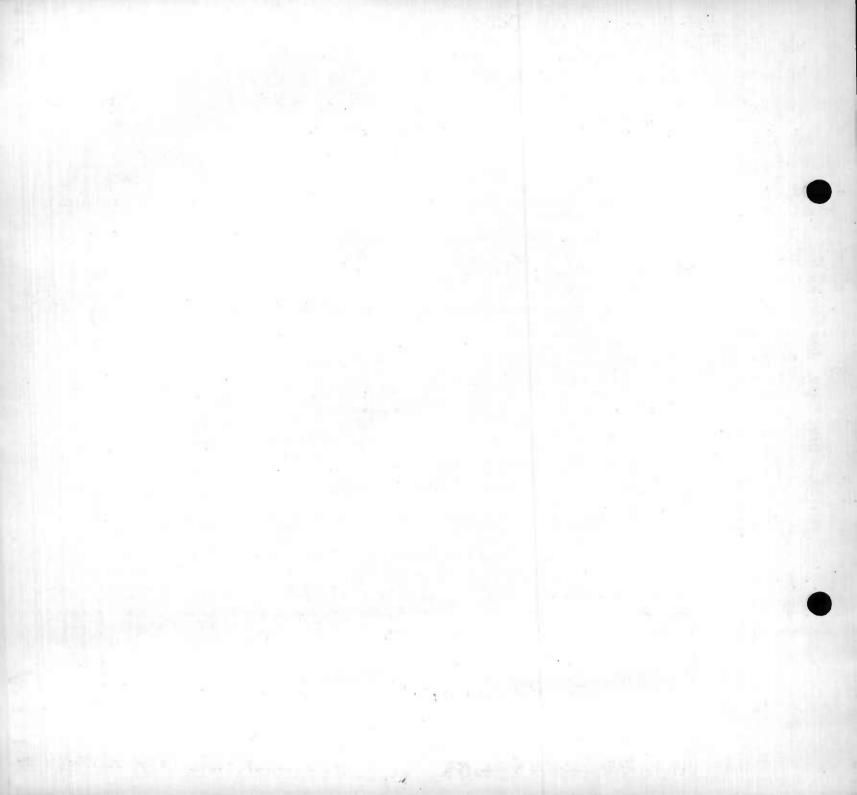
11	3-530 70	~20n		HEALTH DEPARTMENT	REG. NO.	70 6200
	RTH NO.	0200	CERTIFICA	TE OF DEATH		
	pe or Print Gladys	E. Gu	enette	6	AND HOUR OF DEATH	6:35 P.
3.	PLACE IN BALTIMORE, MARY	AND, WHERE PRONO	UN CED DEAD	4. USUAL RESIDENCE (W	here deceased lived, If	institution: residence before admission)
H-H	JLL NAME OF (IF NOT IN ADDRESS STITUTION	OR LOCATION)	/	Maryland C. CITY OR TOWN	(Sala	ISIDE CITY LIMITS?
11	Maryland G.	eneral Ho	ap, tal	Baltimore	21234	YES NO
16		- Avenue	21201	1820 Ya		ood
F	emale Caucas	WIDOWED		8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
	A, USUAL OCCUPATION (Give kine during most of working lile, even i		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or f	oreign countryl	12. CITIZEN OF WHAT COUNTRY
	None			Massachu		U.S.A.
13.	FATHER'S NAME	Mark Bar	rnard	14. MOTHER'S MAIDEN N	Winifred	Blauvelt
15. (Ye	Was Deceased Ever in U.S. A s,no or unknown) (If yes, give wa	mmed Forces? or or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS Emere Road
L	NO -		NOTE	Mrs. Ruth Wri	ght Balto.,	Md. 21218
	DISEASE OR CONDIT  LEADING TO  (This does not meen the meen failure, asthenia, etc. 1 injury or complication which  ANTECEDENT ( DISEASES OR CONDITION	DEATH mode of dying, e.g., I meons the diseose, coused deoth.) CAUSES	(A)IMMEDIATE CAU DUE TO, OR AS	CLOS ("NEW A CONSEQUENCE OF: A CONSEQUENCE OF:	corred one	BETWEEN ONSET AND DEATH
	nise to the above cause UNDERLYING CONDITION	se (A) stoling the	(c)	A CONSEQUENCE OF:	*********************	
ERTIFICATION	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA DISEASE OR CONDITION GIVE	TED TO THE TERMINAL N IN PART 1 (A).	***************************************			***************************************
ERTIFIC	11/70	VAS PERFORMED	1 1 2	20A. AUTOPSY? (Yes of	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CALC	21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE DEATH (notify medical examine	OF hor	ne, form, foctory, street, of	or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltime	ore City, give exact location)
MEDI	21D-TIME (Month) (Day) OF INJURY IAPPROX.)		INJURY OCCURRED ille At Not While ik At Work	21F. HOW DID I	NJURY OCCUR?	
	22. I certify that (#) (this is that (1) (we) last saw the c			5 / 1 19 7 0 and	19 Zo ta that In(my) (our) op	C 15 19 0 Inlon death occurred on the date
	and hour ond from the caus	ses stoted above. (1	(did) (did not) v	lew the body after death	le .	
	23A. SIGNATURE	W. Mills	M DEGREE Phys	nding Med.	Staff Phys.	23B, DATE SIGNED
	23C. PHYSICIAN'S NAME ITypel			3D. ADDRESS		
24/	REMOVAL (Specify)	DATE 24C.N	AME of CEMETERY OF CRE	MATORY 24D.	LOCATION IC	City, town, or countyl (State)
	Burial 6-1		reland Memoria	al Park Be	altimore Cou	nty, Maryland
25/	UN 1 8 1970 Page		OF REGISTRAR	William E.	0.0	ADDRESS och Rayen Blyd lto., Md. 21204
VC	150-REV. 1/1/68					



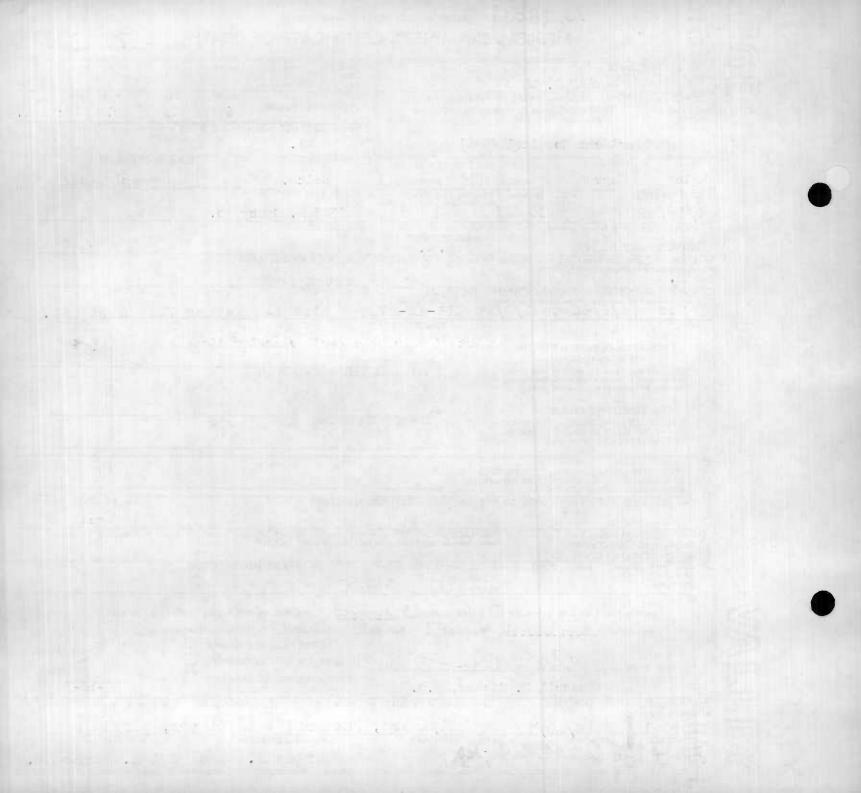
VS 150-REV. 1/1/68



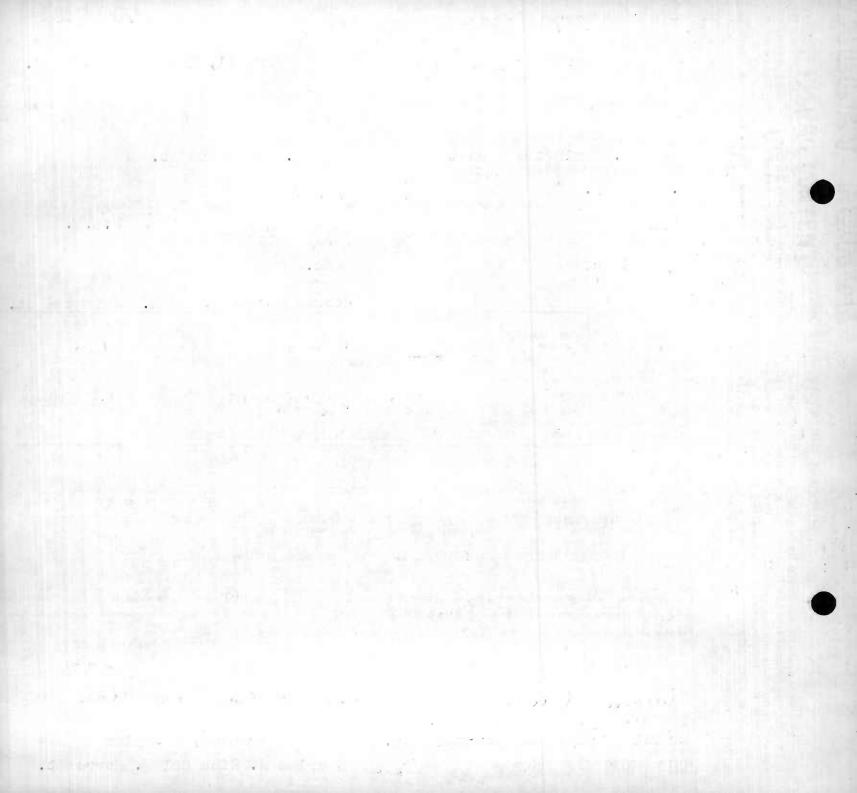
C1 152 WO O	BALTIMORE CITY	HEALTH DEPARTMENT	70 0202					
G-653 70 62	02 CERTIFICA	TE OF DEATH	REG. NO. 10 BRUR					
T. NAME OF DECEASED GRANT,	JOSEDH S.	(REV) 2. DATE AND	HOUR OF DEATH 9:2/					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (Where d	eceosed lived. If institution: residence befare admi					
		A. STATE B. COUNTY	1105					
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	NO- 21216	1609					
	INDA	C. SITY OR TOWN	D. INSIDE CITY LIMITS?					
Institution Lutheran A	roej.	Balls, YES NO						
76		2307- Harl	em, aue.					
5. SEX 6. RACE 7. MAR	RIED ANEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years II Under 1 Yr. II Under 2- birthday) Months Days Hours N					
MIDO.	WED DIVORCED	11-21-09	50					
IOA, USUAL OCCUPATION (Give kind of work 10 B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State ar foreign	country) 12, CITIZEN OF WHAT COL					
done during mast al warking life, even if retired)			, , , , , ,					
RCVETJNd,		14. MOTHER'S MAIDEN NAME	(a) U.S.A.					
13. FATHER'S NAME		14. MOTHER'S MAIDEN BAME						
Story (1) H	2-4	Sula B.	1 2011					
S. Was Deceased Eyn in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS					
(Yes, no or unknown) (If yes, give wor or dates of serv	ice) SECURITY NO.	1 1						
No		Martha Hro	nt 3307 Harlen (					
18.4/0,01	CAUSE OF DEAT	н ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′ ′	APPROXIMATE INTER					
DISEASE OR CONDITION DIRECTLY	DISEASE OR COMPITION DIRECTLY							
LEADING TO DEATH	(A) IMMEDIATE CAL	C. H. F.						
(This does not mean the made of dying, e.g., DUETO, OR AS A CONSEQUENCE OF:								
hearl failure, asthenia, etc. II means the disease, injury or camplication which caused death.)								
ANTECEDENT CAUSES		Munopadial (	In Kenotin					
DISEASES OR CONDITIONS, if any, gi	(B)	Myo Carolial C A CONSEQUENCE OF:	770 0000					
rise to the above cause (A) slating		A CONTROL OF						
UNDERLYING CONDITION last.	(c)							
11								
OTHER SIGNIFICANT CONDITIONS CONTRIBUT	NG Ihme	thenie Cardin	16 00					
TO THE DEATH BUT NOT RELATED TO THE TERMI	NAL 179/	runne Coru	1 1000 NOSCO-C.					
19A. DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar Na) 2	OB. IF YES, WERE FINDINGS CONSIDERED					
WAS PERFORMED		NO	N CERTIFYING CAUSES OF DEATH?					
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(II in Boltimore City, give exact location)					
OR CONTRIBUTING CAUSE OF	home, farm, foctory, street, a	ffice bidg., INJURY OCCUR?						
0								
21 D. TIME (Manth) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJUR	OCCUR?					
(APPROX.)	While At Work	е						
		- 1	30					
22. I certify that (this hospital) attend	led the deceosed from		70 10 6-17 197					
that (1) (we) last sow the deceased alive	on 6-17	19 70 ond that	in(my) (🍑 ) opinion deoth occurred an the					
and hour and from the couses stated above	(e. (l) (\text{#e}) (did) (did===t) \	view the hody after death.						
23A. SIGNATURE	or (1) (see) (did) (see Hor) (	new rife body direr decim.	238. DATE SIGNED					
Rainder 1. Go	GAOLA' Atte	ending Med. Sta	- 1 1					
	GEGREE Phy							
23C. PHYSICIAN'S NAME (Type) RATINDER	PENNOH	23D. ADDRESS 730 ASHBURTON	ST BALTIMORE					
24A. BURIAL CREMATION, 24B. DATE 24	CENAME of CEMETERY OF CR	, , , , , , , , , , , , , , , , , , , ,	MD.21216. ATION (City, town, or county) (St					
		Z4D, LOC.	Allott telly, lowil, of county/					
REMOVAL (Specily)	1	n DI n	10 1/1					
Burial 6/20/20	Carver 8	Den. Pk. BL	soklyr, Hd.					
Burial 6/20/20	Carver 8	25C. FUNERAL DIRECTOR	soklyr, Mel.					
Burial 6/20/20	Carver 8	25C. FUNERAL DIRECTOR Charles a.	Rice 661 W. Barre					



VS 151-REV. 1/1/68



BALTIMORE CITY HEALTH DEPARTMENT



sab-57-01-84	BALTIMORE CITY HEALTH DEPARTMENT
25205	CERTIFICATE OF DEATH  REG. NO. 70 6205
pital and of death Deceased to the ath. Such	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
pital of d Dece	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
hospita ise of (5) Dec ance o	A STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!  IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
l in a l ng cau cause; attende	Baltimore City Hospitals    C.CITY OR TOWN   D. INSIDE CITY LIMITS?
ed in ting d cau d cau prior	4940 Eastern Avenue E. STREET AND NUMBER
U L .	Baltimore Maryland 21224 1738 W. North Avenue 21217
occurre contribut ermined regular eased p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED D. 8. DATE OF BIRTH 9. AGE (In yeors   If Under 1 Ye., If Under 24 Hrs.
th occur contrib etermin in regul	Male Negro WIDOWED DIVORCED 5-23-01 68
dete in ion	IOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
deat t or Unde as ir	FARMER Missouri U.S.A.
nt if death direct or c ; (4) Undet h was in in the dec	13. FATHER'S NAME
dis dis	unt.
istant he di kind; death ce on	15. Was Deceased Ever in U. S. Anned Farces? (Yes, no or unknown) (If yes, give war ar dotes of service)  SECURITY NO.  17. INFORMANT  ADDRESS
<b>5</b> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	No 230-18-8733 Records:BCH-4940 Eastern Avenue 21224
	18. CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AP his so, of a of a	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
0 4 5 5 9 5	(This does not mean the mode of dying, e.g., (A) MMEDIATE CAUSE Course of tung flight
iner actu pro ular mba	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)
O initial o Be	ANTECEDENT CAUSES
ECTOR: examiner: xaminer: y A fractu who pro n regular are emba	DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:
DIRECTOR cal examine al examine s; (3) A fract cian who pr us in regula	rise to the above cause (A) stoling the UNDERLYING CONDITION tost. (C)
RAL DIR medical medical burns; (3 physician an was ir	
Medical burns; hysicial hybrid hysicial hybrid hy	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL  A DISEASE OR CONDITION GIVEN IN PART 1 (A).
de margares de la contra del contra de la contra del contra del contra del contra de la contra del c	
FUNER to chief in the by a mm 2) Body lee the physicial physicial ore the ore	19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION Yes 19A. AUTOPSY? (Yes of No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  Yes  Yes
FUNERA tal by a me s; (2) Body by here the ph) No physician before the re	OP CONTRIBUTING   CALLER OF
red by the hospital by nature; (2) cept where id (6) No phained befor	S DEATH (notify medical examiner) etc.)
ed by hosping atture pt w (6) ined	21D TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR
b hosp natur cept w d (6)	While At Work At Work
Prid y x nd	22. I certify that (I) (this hospital) attended the deceased from 6/9 1970 to 6-1/- 1970
to the following of an inches o	that (1) (1) last saw the deceased alive an 6-11- 19 70 and that in (my) (1) apinion death occurred on the date
st be a ased to dent of Jent of death)	and haur and from the causes stated above. (1) (We) (did) (did substant) view the body after death.
ust be gased dent deat must	23 A, SIGNATURE 23 B, DATE SIGNED
	Attending Med. Stoff & B-11-70
was r An a L at a prior	23C. PHYSICIAN'S NAME Dypel T. B. Zachama
rificate m y was rel 1) An acc 3.A. at a d prior to	940 Eastern Avenue Baltimore Maryland 21224
Certif Sody 7s. (1) D.O. eased	
bod ws: S D.G	Burial 6/17/70 Mt. Auburn Baltimore, Haryland
This certifithe body shows: (1) was D.O.A deceased	TBUTION 6/17/70 Mt. AUBURN BAITIMORE, HOTY/AND 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 1UN 1 8 1970 Rober & Jacker, M.D. 25C, FUNERAL DIRECTOR RICE 66/ W. Barrer ST.
	VS 190.REV. 1/1/68

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3 9 87

	1	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	Bill 1.1 (Ty 3. FL Hill IN 13. 13.	NA Pe
the Dort	3.	PL
a hos cause ie; (5) ndanc to de	FL HO IN	ILI OS ST
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de de la composición del composición de la compo	dor	10
if deet of the control of the contro	13.	F
FUNERAL DIRECTOR: IMPORTANT he chief medical examiner or his assistant il by a medical examiner. Also, if the director body burns; (3) A fracture of any kind; (4) The physician who pronounced death physician was in regular attendance on fore the remains are embalmed or final disp	15. (Ye	
or food		1
or his Also, e of noun atter		
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chie Bod the the the the	MEDICAL CERTIFICATION	
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of of of of of of		11
This certificate must be ap the body was released to shows: (1) An accident of a was D.O.A. at a hospital ( deceased prior to death); written approval must be o		2:
a ho		
as r as r rior		2;
A A A A A A A A A A A A A A A A A A A	24/	7
Pood 75: (		B
This how vas	24/ 25/ J	11
- 4 0 > 0 >	IIV	U

0			BALTIMORE CITY	HEALTH DEPARTME	NT	70	0		
BIRTH NO. 32	2 70	620	7 CERTIFICA	TE OF DEA	TH REG. NO	70 6	207		
1. NAME OF DECEASE (Type or Print)		TIPMM T			ATE AND HOUR OF DEAT	н			
3. PLACE IN BALTIMO			STOCKHAUS	IIA USUAL RESIDENC	IINE 16 1970 E (Where decedsed lived, If	11:4	5 A.M. M.		
	AL MARIEAND, W	HEKE PRONO!	DN CED DEAD	A. STATE B.	COUNTY	institution; residence be	efore odmission)		
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET		YONNE AVENUE	F NORTH	0.36		
				C, CITY OR TOWN	1	ISIDE CITY LIMITS?			
7/	HOME AND H			BALTIMON		YES 🔀 NO	о <u> </u>		
BALTIM		_	21.231	MARYLANI					
SEX 6. RA	CE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lest birthday)	If Under 1 Tr. 11 Months Doys He	Under 24 Hrs.		
FEMALE	WHITE	WIDOWED[		6/1/1926	1.1		771112		
A. USUAL OCCUPATION of during most of working	ON (Give kind of work	10B. KIND OF	BUSINESS OR INDUSTRE	11. BIRTHPLACE (Stote		12. CITIZEN OF W	HAT COUNTRY?		
EXAMINER*		Socia (CLERK	1 Security	BALTIMOI MARYLANI		TTCIA			
FATHER'S NAME	DEMERT LO	OLIZAG		14. MOTHER'S MAID		USA			
CHARTES	STOCKHAUSE	\Ī			X HARRIET A	<b>UPMVDD</b>			
			16. SOCIAL	17- INFORMANT	W HARRITEL A	ADDRESS			
Was Deceased Ever	es, give wor at date	s of service)	SECURITY NO.	INTOKWIANT		ADDKESS	Road		
МО			216 20 5298	Charles L.	Stockhause:	n,6007 Pin	ehurst		
18. 2 5-3	71		CAUSE OF DEAT	Н			MATE INTERVAL		
	CONDITION DIR	ECTLY							
	Chis does not mean the mode of dving or (A) IMMEDIATE CAUSE Added insufficiency finfact								
hearl joilure, asthe	heard foilure, asthenia, etc. It means the disease.								
injury or complication which coused death.)									
ANTE	CEDENT CAUSES		(p)						
DISEASES OR C	ONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	***************************************		************		
UNDERLYING CO	ove couse (A)	sloting the							
			(c)						
OTHER SIGNIFICAN TO THE DEATH BUT DISEASE OR CONDI	TCONDITIONS CO	JTPIRITING.	. 60						
TO THE DEATH BUT	NOT RELATED TO TH	E TERMINAL	Tulmona	uy porbolis	79				
19A DATE OF ORE	TION GIVEN IN PART	DITION FOR V	HICH OPERATION	20A. AUTOPSY? (Te:	or No. 208, IF YES WERE	FINDINGS CONSIDER	RED		
3 6-12-	WAS PERF		upone uters	Her	IN CERTIFYING C	FINDINGS CONSIDER AUSES OF DEATH?			
21A. A CCIDENT W	AS UNDERLYING	21B,	PLACE OF INJURY le.g., I	n or obout 21 C. WHERE	DID (If in Baltim	are City, give exact loca	otion)		
OR CONTRIBUTING		home etc.)	e, form, factory, street, of	fice bldg., INJURT OCC	U 11.7				
	ih) IDoy) (Tear	(Houd) 21 E	INJURY OCCURRED	215 11011 5		7.1 10.0 W			
OF MADE	mir 100yr (real		e At Not White		ID INJURY OCCUR?				
(APPROX.)		Worl	k At Work	°□					
22. I certify that	22. I certify that (1) (this hospital) attended the deceased from Oure 9 19 70 to June 16 19 75								
				19 70	and that in (my) (our) or	in(on death occurre	d on the date		
	that (1) (we) last saw the deceased olive on								
23A. SIGNATURE	· · · · · · · · · · · · · · · · · · ·	4504E+ (1)	tala (ala nor) v	tew the body differ d	eum.	23B, DATE SIGNED			
Coraze	7 1)	ergan	L.D. Atte	nding Med.	CT Shaff CT				
	2 6.0.	again	DEGREE Phys	L Director	Staff Phys.	6-16.	- 1		
23C. PHYSICIAN'S NAME (Type)				23D. ADDRESS	-11-	. 0	Bult.		
CORPS		ERGAR	J. M. D. DEGREE	Clurch Hone	Hop. , 100 K	. Trooperay	, ild . 4		
A. BURIAL CREMATIC REMOVAL ISpecil	DN, 24B, DATE	24C. NA	ME of CEMETERY OF CRE	MATORY	24D. LOCATION (C	City, town, or county)	(Stote)		
Burial	6/19/7	O Lo	udon Park		Baltimore		Md.		
A. DATE REC'D BT H		25B. NAME O		25C, FUNERAL DIR		ADDRE			
UN 1 8 1970	Robert E.		10 0 n	H. W. Je	ictor nkins_& Sons	s Co. 4905	York F		
-11 TO 19/0	المحمدة حر	Jailey A	CD.		Balto.	Md 2121	2		



IMPORTAN

**DIRECTOR:** 

FUNERAL

VS 150-REV, 1/1/68

NO

Md.

York Rd



Mara	BALTIMORE CITY	HEALTH DEPARTMENT		1710				
DIKIN NO.	(100)	TE OF DEATH	REG. NO	70 6209				
(Type or Print)		2. DATE AN	ID HOUR OF DEATH					
Type or Print Charles, McConmi	CK, SR.		6/16/-	70 1 5 35 P N				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. It i	nstitution: residence before admission				
FULL NAME OF HOSPITAL OR IN ADDRESS OR LOCATION	NSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?				
138		Baltin	018	YES NO				
University Hospital		3900 n. Cha	als St.					
	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys : Hours : Min.				
MI Caucasion WIDO	WED DIVORCED	6/9/96	lost birthdoyl	Months Doys Hours Min.				
10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY				
Executive - business McCon	min Spice Co	MEXICO						
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAM	AE	U.S.A.				
Revilled M. M.		0						
15 Was Personed Free to II S Amil Engl	13 / 2001-1	Hnmelea	RY					
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi	ice) 1 6. SOCIAL SECURITY NO. M	RS. ANNE W.	MCCORN TAL CHAR	DICK ADDRESS				
ges WII	215-09-0794	4 (Hosp	TAL CHAR	(SPME)				
18. 410,91	CAUSE OF DEATH			APPROXIMATE INTERVAL				
DISEASE OR CONDITION DIRECTLY		A		BETWEEN ONSET AND DEATH				
	This does not men the mode of dying e.g. (A) IMMEDIATE CAUSE Curebral Thrombosis on Embolus Surgeded 31							
heart forture, astheria, etc. It means the disease								
injury or complication which caused deoth.)								
ANTECEDENT CAUSES	(B) ASCU	D atmal fibi	Mahon	1				
DISEASES OR CONDITIONS, il any, gi	ving DUE TO, OR AS A	CONSEQUENCE OF:		**************************************				
rise to the above cause (A) stoling UNDERLYING CONDITION lost	the Possible	DE atmal fib. CONSEQUENCE OF.	THEARCH	N 3 DAYS				
11	(6),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG							
I DISEASE OR CONDITION GIVEN IN PART 1 (A)	IAL							
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?				
OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., in	or obout 21C, WHERE DID	(If In Boltimor	e City, give exoct location)				
O . monty medical examined	home, form, foctory, street, officetc.)	ce bldg., INJURY OCCUR?	ur in common	City, give exect locotion;				
S OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?					
(APPROX.)	While At Not While At Work							
22. I certify that (I) (this hospital) attende		1//	70ta	1110				
that (1) (we) lost sow the deceased alive of		***************************************		lan death accurred an the date				
and hour and from the causes stated above	e. (1) (We) (did not) vie	w the body after death.						
Barbara Braighnan 1	n, A DEGREE Phys.	ling Med. S	haff 4	23B, DATE SIGNED				
23 C. PHYSICIAN'S NAME (Type)	DEGREE	D. ADDRESS	11/12.	0/16/10				
BARBARA BRAITM	DEGREE	UNIV. of MAR	YCAND H	SPITAL				
REMOVAL (Specify)	NAME of CEMETERY OF CREM	ATORY 24D. LO	CATION (Cit	y, town, or countyl (Stotel				
Burial 6/19/70 1	Druid Ridge	Pike	esville,	Balto.Co., Md.				
JUN 1 8 1970 Paber & Jack	TE OF REGISTRAR	H.W. Jenkins	t& Sons S	1212905 York Rd				
VS 150-REV. 1/1/68	-	nor.	oo. Mu. C	مام داد مام مام				

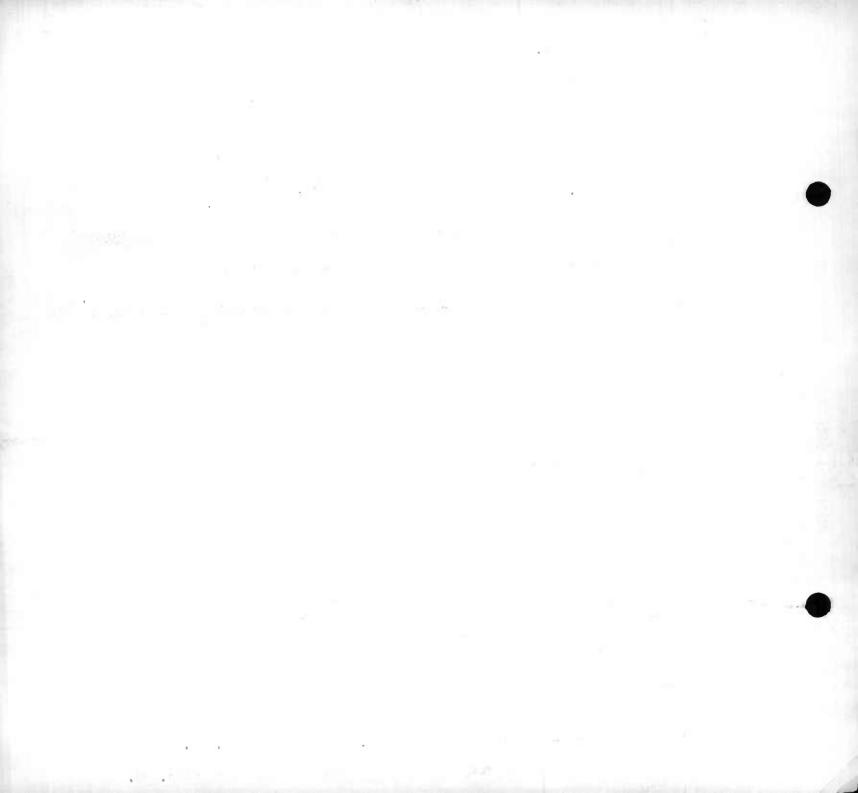


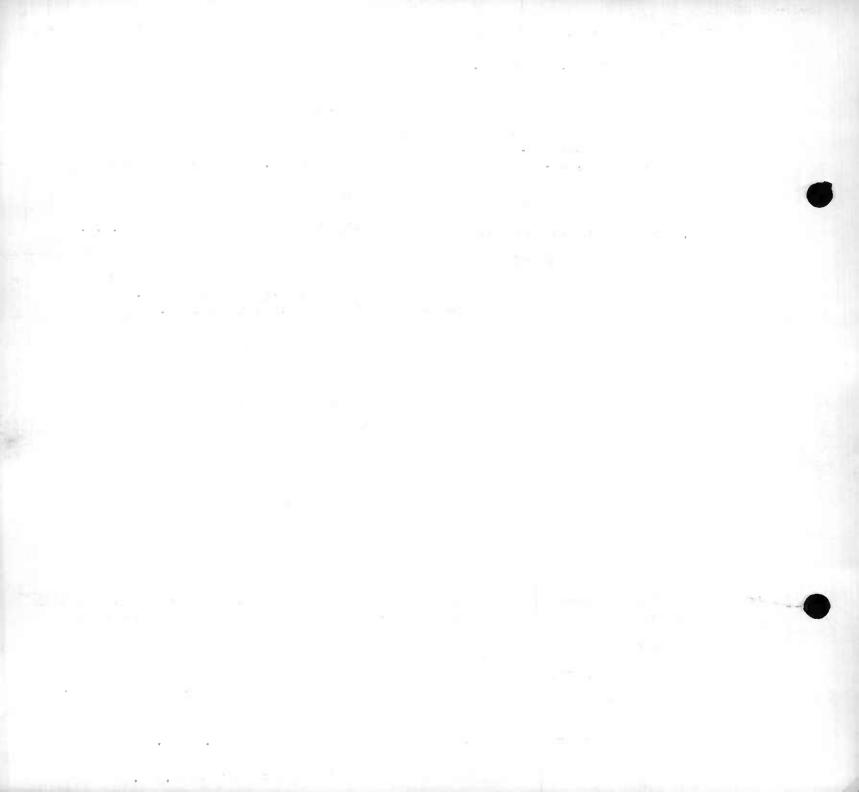
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DIRECTOR:

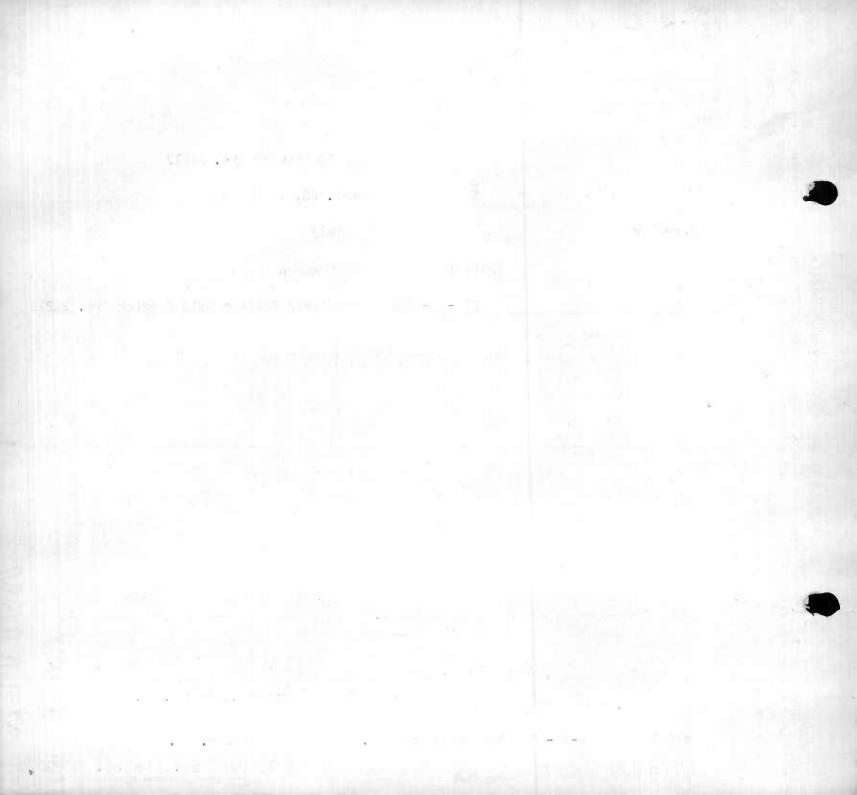
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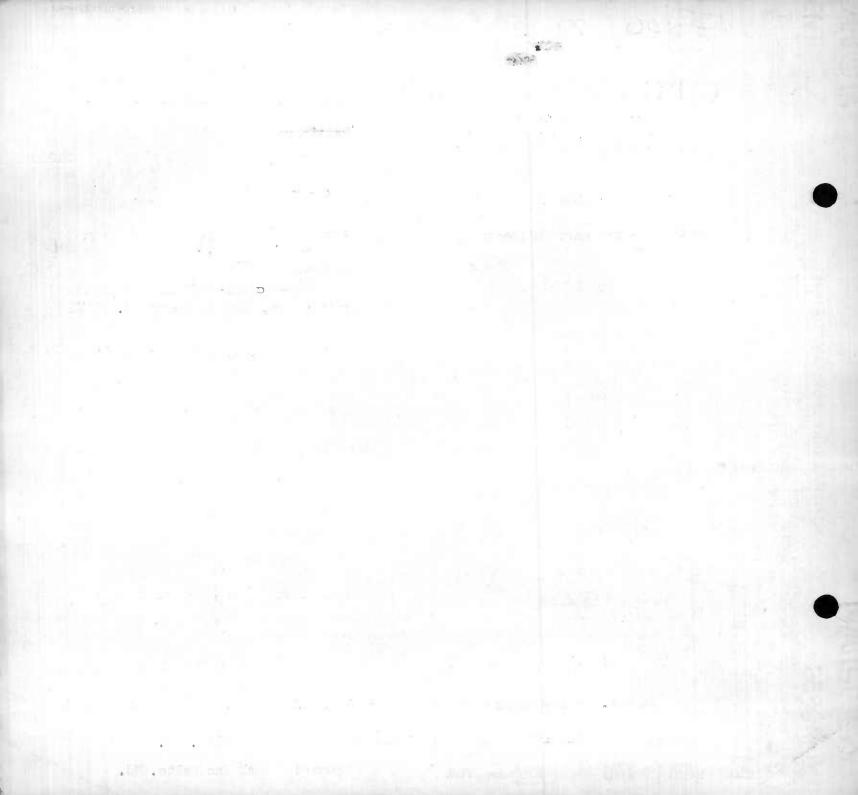
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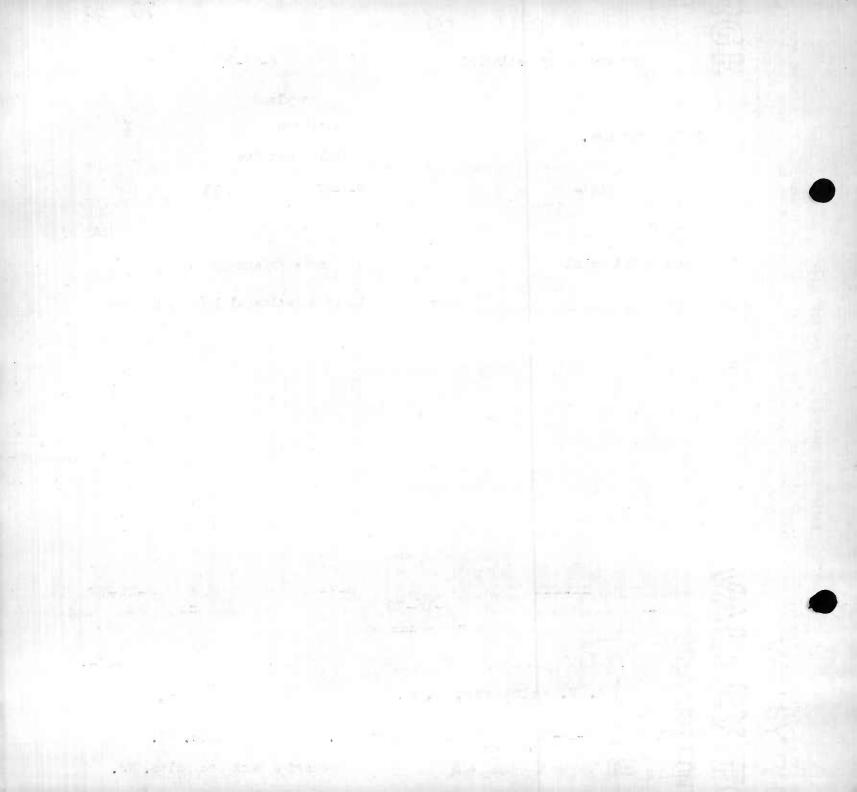


V-256 70 6212		HEALTH DEPARTMENT	REG. NO	70 0212	
BIRTH NO.	CERTIFICA	TE OF DEATH	ND HOUR OF DEATH	JO OLIL	
Type or Print) LUISA	VAZZANA		e 17, 1970	3:15 P.	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. If in	stitution; residence before admission	
FULL NAME OF (IF NOT IN HOSPITAL OR IN	ISTITUTION GIVE STREET	Maryland		1758	
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?	
ADATUACA NIMATUA		Baltimore		YES NO	
FDGEWOOD NURSING HOP	ME	E. STREET AND NUMBER			
S. SEX   6. RACE   7. MADD		5913 Fenwick	9. AGE (In years	T 11 11 3- 1 V. 11 11 1- 04 11-	
a a a a a a a a a a a a a a a a a a a			last birthday)	If Under 1 Yr. If Under 24 Hrs Manths Days Hours Min.	
iemale White WIDOV		Sept. 20, 1885		12, CITIZEN OF WHAT COUNTR	
fone during most of working life, even if retired)	D OI DOSINESS ON INDOSENT	THE DIKTING A STORE OF TO	ergii cuumiyi	W Sous	
Housewifu		Italy		USA	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
	Salveti	Unknown			
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war ar dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No	219-36-1085	Mr Joseph Vaz	zana 5913 Fe	nwick Ave. 21212	
18.22 / (2) 9	CAUSE OF DEAT			APPROXIMATE INTERVAL	
UNDERLYING CONDITION lost,  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).		heet su feet	on 2° cethey	ler 6nus	
19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	OR WHICH OPERATION	20A. AUTOF5Y? (Yes or N	10) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B, PLACE OF INJURY (e.g., i hame, form, foctory, street, of etc.)	n or obout 21C. WHERE DID	(If in Boltiman	re City, give exoct lacotion)	
21D. TIME (Manth) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
(APPROX.)	While At Not While At Work				
22. I certify that (+) (this haspital) attend	1		19 <i>70</i> ta	Dru 17 1970	
that (t) (we) last saw the deceased alive	()	1		nian death accurred an the da	
and haur and from the causes stated abov				mon death decorred on the de	
23A. SIGNATURE	es (i) (we) (did) (did=ii) V	rew the budy difer decim		23B. DATE SIGNED	
1 4 100 1610	Atte	nding Med.	Staff	6-18-70	
23C. PHYSICIAN'S	Physical Phy	23D. ADDRESS	Phys. L.J	6 10 10	
NAME (Type)		/	Rd., Balto.	Md.	
24A, BURIAL CREMATION 248, DATE 24	C. NAME OF CEMETERY OF CRI			ily, town, or county) (Slote)	
REMOVAL (Specify)					
	New Cathedral Cer	n .	Balto. Md.		
				ADDRESS	
	ME OF REGISTRAR	25C. FUNERAL DIRECTO	R	Balto Md 2121	
JUN 1 9 1970 Robert E Jack	ME OF REGISTRAR	25C. FUNERAL DIRECTO	R	Balto. Md 2121	



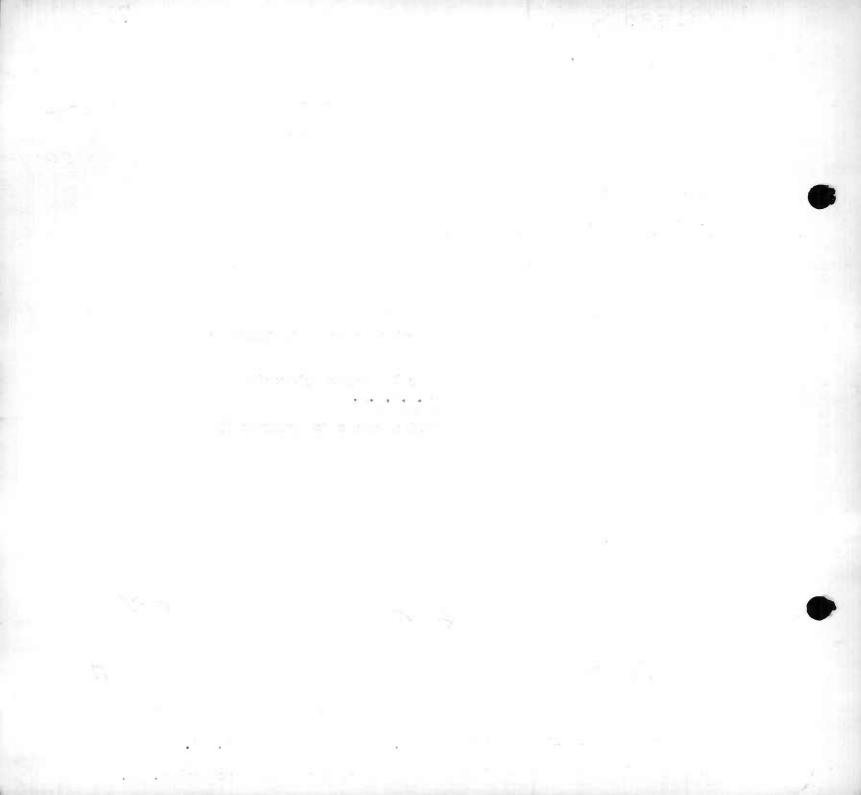


-	- 111		BALTIMORE CITY	HEALTH DEPARTMENT		70 0244
1-345	70 62	214	CERTIFICA	TE OF DEATH	REG. NO	. 6214
I. NAME OF DECEASED				2, DATE A	ND HOUR OF DEATH	
(Type or Print) Mars	garet Ruth 2	etlmei	sl	6-	16-70	1
3. PLACE IN BALTIMO					ere deceased lived. If i	nstitution: residence before admission)
FULL NAME OF	IF NOT IN HOSPITAL	OR INSTITU	TION GIVE STREET	Maryland		2738
HOSPITAL OR	ADDRESS OR LOCATI	ON)	HOW, OFFE STREET	C. CITY OR TOWN		SIDE CITY LIMITS?
1402 Limit	A===			Baltimore		YES X NO
THOS THUT C	AVO.			E. STREET AND NUMBER		
00				1402 Limit		
5. SEX 6. RA		MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthdoy)	Months Doys Hours Min.
F		WIDOWED	DIVORCED	2-7-57	13	
done during most of working		B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
School				Maryland	d	USA
13. FATHER'S NAME				14. MOTHER'S MAIDEN NA	AME	
Alois B Zet	lmeisl			Marie F Ke	nnedv	
15. Was Deceased Ever	in U. S. Armed Forces	s?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	es, give wor or doles	or service,	None	Alois B Zetlme	167 71.00 Ta	mi + Assa
1B. 1715	1		CAUSE OF DEATH		121 1405 PT	APPROXIMATE INTERVAL
DISEASE OF	CONDITION DIREC	CTLY				BETWEEN ONSET AND DEATH
	ING TO DEATH		(ANIMMEDIATE CALL	se osteogenic	sarcoma	8 months
	ean the mode of d nia, etc. It means th			A CONSEQUENCE OF:		
	ian which caused d					
ANTE	CEDENT CAUSES		(0)			
	ONDITIONS, if on		DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
UNDERLYING CO	ave cause (A) s NDITION last.	lating the	(c)			
	Ш		( ~/			
O OTHER SIGNIFICAN	CONDITIONS CONT					
O THER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDI	I NOT RELATED TO THE TION GIVEN IN PART 1	TERMINAL (A).				
U 19A. DATE OF OPER	MAS PERFO		HICH OPERATION	20A. AUTOPSY? (Yes ar )	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
Sept 69		0	bove	700		
OR CONTRIBUTING DEATH (notify medic	CAUSE OF	home etc.)	e, form, factory, street, of	n or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimo	ore City, give exoct location)
	nth) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		Whil	e At Ork			
22 I cartify that	(I) (this hospital)			8-3-67	ta	6-16-70 19
	saw the deceased		6-16-70	19 and 1	_	pinian death accurred an the date
			()長) (3:3) (芝टま)	iew the bady after death		men declined an the data
23A. SIGNATURE	The couses stated	douve. (1)	(we) (did) (did not) V	Tew the bady after death	•	23B, DATE SIGNED
(V)	Malen	·	M7 Atte	nding Med.	Shaff	6-17-70
23C. PHYSICIAN'S	O across		DEGREE Phys	23D. ADDRESS	Phys. 🗀	0-17-70
PHYSICIAN'S NAME (Type)	J. F. Pa	lmisar		6608 Loch I	Parran Pland	
24A. BURIAL CREMATIC			DEGREE			
REMOVAL (Specify	1)		ME of CEMETERY or CRE		LOCATION (C	City, town, or county) (State)
Burial	6-19-70		rdens of Fait		Balto. Me	
25A. DATE REC'D BY H	EALTH DEPT. 2	B. NAME OF	FREGISTRAR	25C, FUNERAL DIRECTO		ADDRESS
JUN 1 9 19/	U valvest E	Valley	42,	Leonard J	duck Inc Bal	to. Md.
43 130-KEV, 1/1/08						



FUNERAL DIRECTOR: IMPORTANT

CF	20			BALTIMORE CIT	Y HEALTH DEPARTME	NT	70	6215
BIKIH NO.	32 7	0 66	215	CERTIFICA	TE OF DEAT	TH REG. NO		OCTO
1. NAME OF D (Type or Print)	GEGREE	H. 50	HALITZ	LEIN	2. DA	TE AND HOUR OF DEAT	Н	10 40
3. PLACE IN B	ALTIMORE, MA	RYLAND, WI	HERE PRONOL	UNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived. If	institution: reside	ence before odmissi
FULL NAME OF HOSPITAL OR	F (IF NOT ADDRES	IN HOSPITA	L OR INSTITUTION)	JTION, GIVE STREET			MRYLA	
110					Baltimore &	D. IN	ISIDE CITY LIMIT	
7 8 2ngs	ey HAND	GEN	· M	OSPITEL.	E. STREET AND NUM	BER	YES	ио 🗌
	3 17119	0-0				SOUT HEREN	ME	2/21
5. SEX	6. RACE		7. MARRIED	4-NÉVER MARRIED	8. DATE OF BIRTH			r. If Under 24 H
Male	White		WIDOWED	DIVORCED T	9-12-85	9. AGE (in years lost birthdoy) 84	Months Doy	Hours Min.
IOA. USUAL OC	CUPATION (GIVE	kind of work	IOB, KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote	of foreign country)	112. CITIZEN	OF WHAT COUN
RETIRE	- Pol	n if retired) REM	9N-1	BAlto. City	marey	LARID		LPA.
3. FATHER'S N	AME				14. MOTHER'S MAIDE			
	mon/		NITZI	LEIN	ANNA	PEN CUL	0010	
5. Was Decease	ed Ever in U. S. vn) (If yos, give	Armed Force	es?	1 6. SOCIAL	17. INFORMANT			DRESS
- July Di William	,, 9:40	01 00188	or a divice)	SECURITY NO.	WICE -	ELIZABETA	50/11	
18 / /	0.21 .			2/8-28-2595 CAUSE OF DEAT		にん、人ののピーガ		
41	dit				Chronic Brain	Sandnome	BETW	PROXIMATE INTERVA
DISE	ASE OF COND		CTLY	ogientat (	MI OHIC DISMI	D'ATTOT ONE		
(This does	not meen the		dulas as	(A) IMMEDIATE CA	JSE			
heart foilure	, oslhenio, elc	. If means t	the disease.		A CONSEQUENCE OF:			***********
injury at co	implication whi	ch caused o	leath.)	Cerebral .	Arterio Scler	osis	i	
	ANTECEDENT	CAUSES		A.S.C.	J.D.		ł	
DISEASES	OR CONDITI	ONS, if a	ny, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:			***********
nse lo 1	he abave co	ouse (A)	stoling the	Benign	Prostatic Hyp	ertrophy		
UNDERLYIN	UNDERLYING CONDITION last. (C).							
z	11							
= ITO THE DEA	IFICANT CONDI	LATED TO THE	TERMINAL					
<b>♥ IDISEASE OR</b>	CONDITION GIV	VEN IN PART	1 (A).	***************************************	***************************************			
19A. DATE C	F OPERATION	WAS PERFO	RMED	HICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CON	NSIDERED
214 466	FAIR 144 - 11-						TOTAL OF DEAL	•••
OP CONTRI	UTING CAU	SE OF -	Inome	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE D	ID (If In Boltime	ore City, give exo	ct locotion)
DEATH (not)	y medical exom	Ined	etca	- Dalla Carrie	The second secon	- 250		
21D. TIME OF INJURY	(Month) (Do	y) (Yeor)	(Houd) 21 E.	INJURY OCCURRED	21 F. HOW DII	D INJURY OCCUR?		
(APPROX.)				Not Whit	e			
			Work	AI WORK				
				deceosed from	4-21	19	611	19/0
that (1) (we	) last sow the	deceased	alive an	6-17	19 70 on	nd that In(my) (our) op		
					lew the body ofter de	-aL	www.m.dc	
23A. SIGNAT	URE,		4	first fara fara matt A	ine nody offer de	uins .	000 0 100	
1	Just to	. 0	1/2	hand me AHO	nding Med. r	□ Stuff □	238, DATE SIG	nine of
22C BLIVET	119000	01	V/4		Director L	Phys.	6-	7.70.
23C. PHYSICI NAME (	Type		, ,		23D. ADDRESS			
	MAGGU!	TA B	1. TOF	PAC10, MD.	MARY LA	WD GEN.	Unip.	
A. BURIAL CR	EMATION, 24B.	DATE	24C. NA	ME of CEMETERY OF CRE			ity, town, or cou	nty) (Stote)
								(21016)
Burial		5-20-70		rkwood Cem.		Balto. Md.		22220
AAAAA A			SR. NAME OF		25C. FUNERAL DIRE	7 TH 11 TH 12 TH	A	DDRESS
IIIN T O	MU Ja	لاديان حر	tailey !		Leonard J	Ruck Inc Balt	o. Md.	



Such

1 .		70 -01	BALTIMORE CITY	HEALTH DEPARTMENT	חלי	0940	
+-26C		70 621	6 CERTIFICA	TE OF DEATH	reg. No. 70	6216	
1, NAME OF DEC	CEASED	CLARA H	ELENE FISCHER		6, 1970.	5-15	
3. PLACE IN BAL	TIMORE, MAR	YLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESTDENCE (Where de		on: residence before admissi	
FULL NAME OF	(IF NOT I	IN HOSPITAL OR IN	STITUTION, GIVE STREET	Md.		273	
HOSPITAL OR	ADDRESS	OR LOCATION)		C. CITY OR TOWN	D. INSIDE C	ITY LIMITS?	
20		Ailsa		Baltimore		NO NO	
00	2605	ATSTA Ave	nue	E. STREET AND NUMBER	2605 ATTE A	venue	
. SEX	6. RACE		IED NEVER MARRIED	last	birthdov) Mor	Jnder 1 Yr. If Under 24 H oths: Doys Hours Min.	
Female	White			April 27,1902.	68		
OA, USUAL OCC lone during most of			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign of	ountry) 12.	CITIZEN OF WHAT COUN	
Housew	ife			Germany		Germany	
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NAME			
	K	arl Helmer	ichs		Meta Schell	stede	
5. Was Deceases		Armed Farces? wor or dotes of servi	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No	703, 9176	01 00100 01 00101	215-03-8888B	Mr. Arthur Fisch	er	(Same)	
1B. / 6	3. 81		CAUSE OF DEAT	Н		APPROXIMATE INTERVA	
DISEA	DISEASE OR CONDITION DIRECTLY			one of colo	24	To an and the second	
(7)	(A) IMMEDIATE CA			USE /	~7	yes.	
	(This does not meon the mode of dying, e.g., DUETO, OR AS heart foilure, osthenio, etc. It meons the disease,			A CONSEQUENCE OF:		/	
injury or cor	nplication which	ch coused deoth.)					
	ANTECEDENT	CAUSES	(8)			****	
		ONS, if any, givenue (A) stoling	ing	A CONSEQUENCE OF:	4		
	G CONDITION		(C)				
	11						
TO THE DEA	FICANT CONDIT	TIONS CONTRIBUTES LATED TO THE TERMIN ZEN IN PART I (A).			2884884444444	*****	
			OR WHICH OPERATION	20A. AUTOPSY? (Yes of No) 20 IN	8. IF YES, WERE FINDI CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?	
OR CONTRIB	NT WAS UND UTING CAU medicol exam	SE OF	21B. PLACE OF INJURY (e.g., home, form, lactory, street, o etc.)	in or obout 21 C. WHERE DID liffice bldg., INJURY OCCUR?	(If in Soltimore City	, give exact location)	
21 D. TIME OF INJURY	(Month) (Do	y) (Year) (Haur)	21 E. INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?		
(APPROX.)			While At Not While Work At Work				
22	that (I) (shi-	hospital) attend		Del 27 19 C	9 10 mi	c 16 1970	
	A 70						
	that (!) (we) last saw the deceased alive an Character 19 and that in (my) (ever) apinion death accurred on the and hour and from the causes stated above. (!) (we) (did) (did not) view the body after death.						
and hour on		uses stated abov	e. (I) (#F6) (did) (did-net) v	view the bady after death.	loa B	DATE SIGNED	
.M	Dece	ugh	M. D. DEGREE	ending Med. Staff		6/17/20	
23C. PHYSICIA	N'S			23D. ADDRESS			
		Sawyer Jr	DEGREE	4808 Harford Rd			
MA BURIAL CRE	MATION, 248.		C. NAME of CEMETERY OF CR			wn, or county) (Stote	
REMOVAL	Specify)						

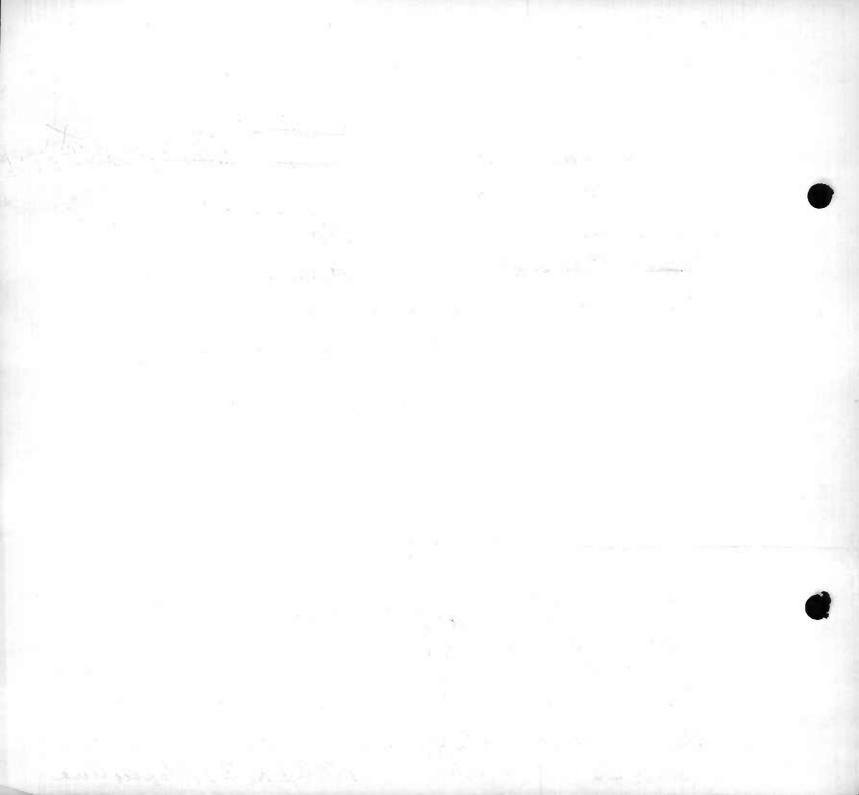
6-19-70 Balto . Md. Woodlawn Com Burial JUN 19 Leonard J. Ruck, Inc. Balto. Md. 21214 VS 150-REV. 1/1/68

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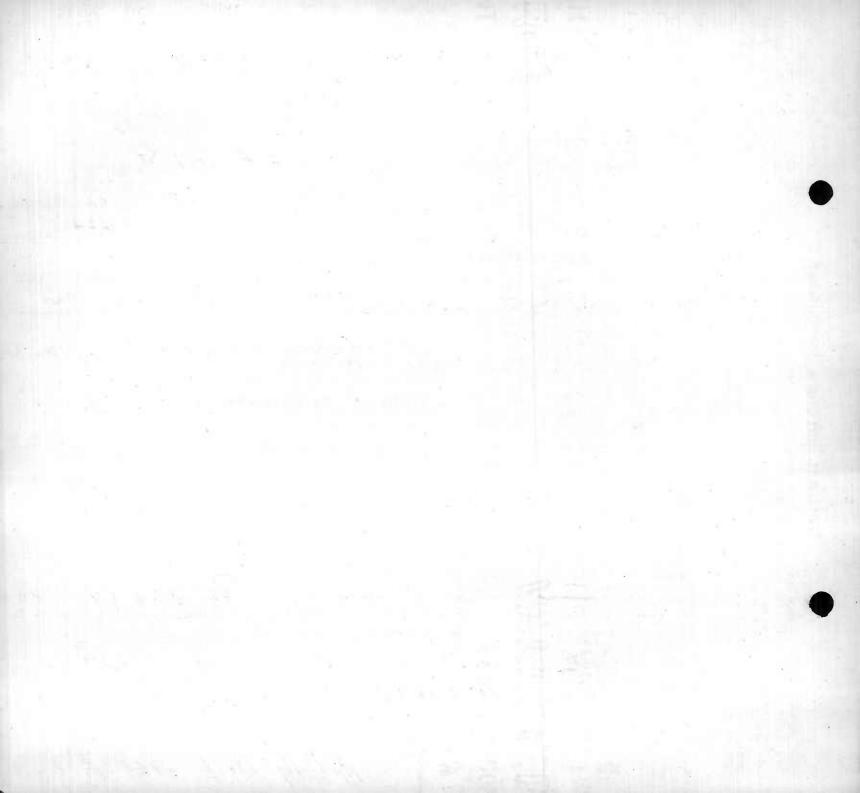
IMPORTAN DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT D. INSIDE CITY LIMITS? Il Under 1 Yr. Months: Days Hours Min 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (If In Boltimore City, give exact location) and that in (my) (our) apinlan death accurred an the date 23B. DATE SIGNED (City, town, or county)



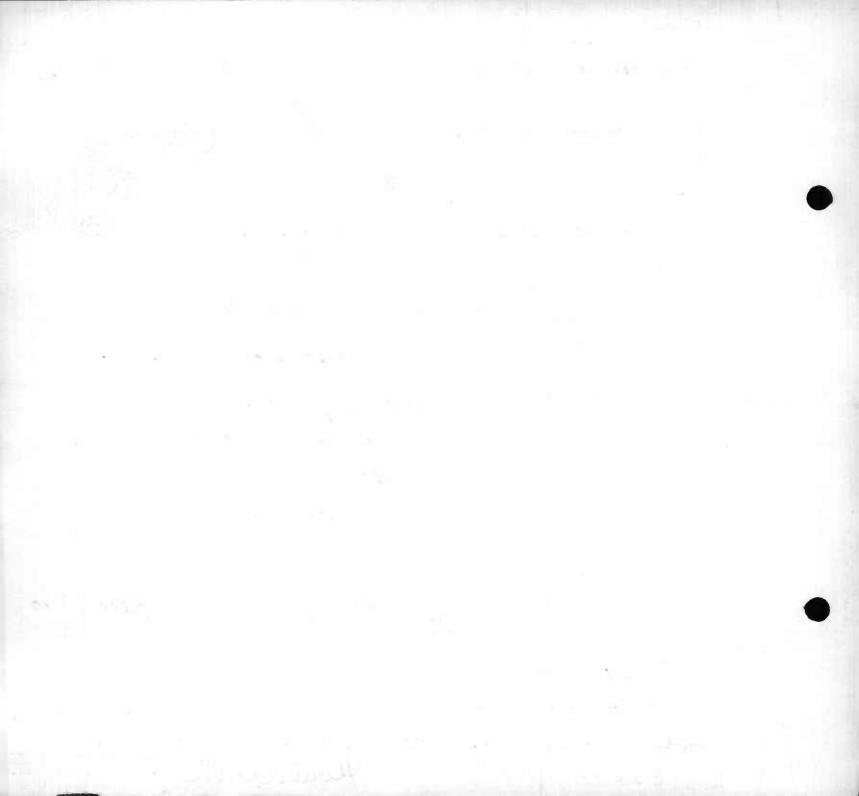
1.	1			BALTIMORE CIT	HEALTH DEPARTMENT		חניי	0040
	)-265 HNO.	70 (	6218	CERTIFICA	TE OF DEATH	REG. NO	./0	6218
	ME OF DECE. ar Print)	GROT GROT	ge Ja	seph Was	DVh. A.	ND HOUR OF DEATH		6:45 P.M.
3. PI	ACE IN BALTI	MORE MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. If i	nstitulian: resi	dence befare admission)
	NAME OF	(IF NOT IN HOS	PITAL OR INSTIT	TUTION, GIVE STREET	rd.		d	402
INST	PITAL OR ITUTION	ADDRESS OR LO	CATION)		C. CITY OR TOWN	D. INS	IDE CITY LIMI	
00	675 E	E. (lemer	J 54.		E. STREET AND NUMBER		YES Y	№ □
K	Balte	will M	ed 212	30	675 E.	Riement	St.	
S. SE	X	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Months D	Yr. If Under 24 Hrs.
	na	w	WIDOWED		12-27-1894	75		
		PATION (Give kind at varking life, even if retire	d)		11. BIRTHPLACE (Stote of for	eign country)		N OF WHAT COUNTRY?
_	actory	wwker	(2)	hub)	Ma.		U	LS.A.
13. F	ATHER'S NAM	Joseph	wasse	rman	14. MOTHER'S MAIDEN NA	Worm		
s. W	as Deceased	Ever in U. S. Armed	Farces?	1 6. SOCIAL	17. INFORMANT		A	ADDRESS
(Yes,	na ar unknawn)	(If yes, give war ar o		SECURITY NO.	MRS margaret	Clark (s	·slev)	(A) long
	1.11 2	VINICA VI	V W	CAUSE OF DEAT	4			APPROXIMATE INTERVAL
	DISEASE	OR CONDITION	DIRECTLY		C 1 2			TWEEN ONSET AND DEATH
		LEADING TO DEAT		(A) IMMEDIATE CA	use Cerebrel V	ascular ac	cida t	- 22 montes
		ol meon the mode osthenio, etc. It med		DUE TO, OR AS	A CONSEQUENCE OF:			
	injuly of comp	olicotion which cous	sed deoth.)		0 1	0		
1	A	NTECEDENT CAUS	SES	(B) Tenes	rol arteriosc	leros; s		ips.
Н		R CONDITIONS, obove couse (			A CONSEQUENCE OF:			1
		CONDITION lost.		(C)				
-		11						
$\sim$		CANTICONDITIONS (						
X I	DISEASE OR CO	OPERATION 198. C	PART I (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE	FINDINGS C	ONSIDERED
CERTIFIC	D wil	WAS I	PERFORMED	90320	200	IN CERTIFYING CA	USES OF DE	ATH?
CE	A. ACCIDEN	T WAS UNDERLYING	G 211	B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If In Baltima	re City, give e	exact lacation)
AL	DEATH (notify	TING CAUSE OF medical examiner)	har etc		ffice bldg., INJURY OCCUR?	41.mmd		
MEDIC	21D. TIME	(Month) (Day) (Ye	(Hour) 21 f	E INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?		
X	APPROX.)			hile At Nat Whi	le 🗍	-		
-	2 Lagratify a	shae (1) (alimination		the deceased fram	24 8	19 6 h 10 Ti	1	7 1970
				June 13	1970 and t		inian death	accurred on the date
				The second secon	view the bady after death		illigii dedili	accorred on the gate
	3A. SIGNATUR		Stated above.	(1) (san) (did) (dra-mat)	view the body after death.	•	23 B. DATE	SIGNED
		1 10	ple	- has AH	ending Med. Director	Staff Phys.		17-70
	3C. PHYSICIAN	VS.		DEGREE	23D. ADDRESS	Phys. —		10
	NAME (Ty	pe) ( (	2. C/H	IU, M. Die	IE. Ra	ndalo &	4 8-1	to hd 2130
24A.	BURIAL CREM		24C. N	AME of CEMETERY OF CE	EMATORY 24D.	LOCATION (C	ity, tawn, ar	county) (State)
1	Veinl	6-20	-70 11	estern (	enetery al	Saltimore	e-11	14.
2SA.	DATE REC'D	BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C FUNDRAL DIRECTO	OR 13 - 12 2	4	ADDRESS
	JOH TA	MIN ACORE	a de Acerto	244	X1/0 (U/14)	SOE. 1	OR	Mre.
170 3	EO DEM 1/1/61	0		- Total - 100 - 10				



a hospital and

death.

	ECITY HEALTH DEPARTMENT 70 6219
0-420 70 6219 CERTIFI	ICATE OF DEATH REG. NO. 10 6213
I. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
MELVA WELLS	6/17/70 18 4. 1
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before dumission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland 2748
INSTITUTION	Bol + i more
JOHNS HOPKINS HOSPITAL	E. STREET AND NUMBER
BALT., Md.	1316 E. Belvedere Avenue
5. SEX 6. RACE W 7. MARRIED NEVER MARRIED	
F White WIDOWED LOTTORCE	X   12/18/10   59
OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDIdended and School schools Public Schools	
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
M. A. Wilkins	Emma Joyner
5. Wee Decessed Ever in U. S. Armed Farces?  16. SOCIAL  16. SOCIAL  SECURITY NO.	17. INFORMANT ADDRESS
no 213 SECURITY No.	7 Hospital Records
18. 2 De Cause OF I	
DISEASE OR CONDITION DIRECTLY	SETWEEN ONSET AND DEAT
	TE CAUSE CARDIO RESPIRATORY ARREST
(This does not meon the mode of dying, e.g., heart failure, asthenio, etc. It meons the disease,	TE CAUSE CARNOR ESPINATORY ARREST
injury or complication which coused deoth.)	
ANTECEDENT CAUSES	orenson, GIBLEEDING
The state of the s	OR AS A CONSEQUENCE OF:
rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	NS BLEEDING 20 APLASTIC ANDENIX
11	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	2 08 05 55
CIDISEASE OR CONDITION GIVEN IN PART 1 (A).	SEPSIS
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY	(e.g., in ar about 21 C. WHERE DID (If In Bollimare City, give exoct lacotian) set, office bidg., INJURY OCCUR?
21D-TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE	015 HOW DID SHIPS
S OF MAJORI	D 21F. HOW DID INJURY OCCUR?
Work LJ At	Work L
22. I certify that (I) (this hospital) attended the deceased from	3/22 19 70 to 6/17 19 70
that (i) (we) last saw the deceased alive an 6/17	19
and haur and from the couses stated above (1) (We) (did) (did r	
23A. SIGNATURE	238, DATE SIGNED
(Kalph Strongo M.), DEGREE	Attending Med. Director Phys.   6/17/76
23C. PHYSICIAN'S NAME (Type)	22D ADDRESS
RALPH DEFRONTO	FORTE JOHNS HOPKINS HOSP BALT, M.
AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY C	or CREMATORY 24D. LOCATION (City, tawn, or caunly) (Stote)
Burial 6/20/70 St. Paul's	Cemetery near Chestertown, Md.
25A. DATE REC'D BY HEALTH DEPT 25B_NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS
IN 1 0 1970 Robert E. Jaben, M.D.	Hulls (wolls Chestertown, M

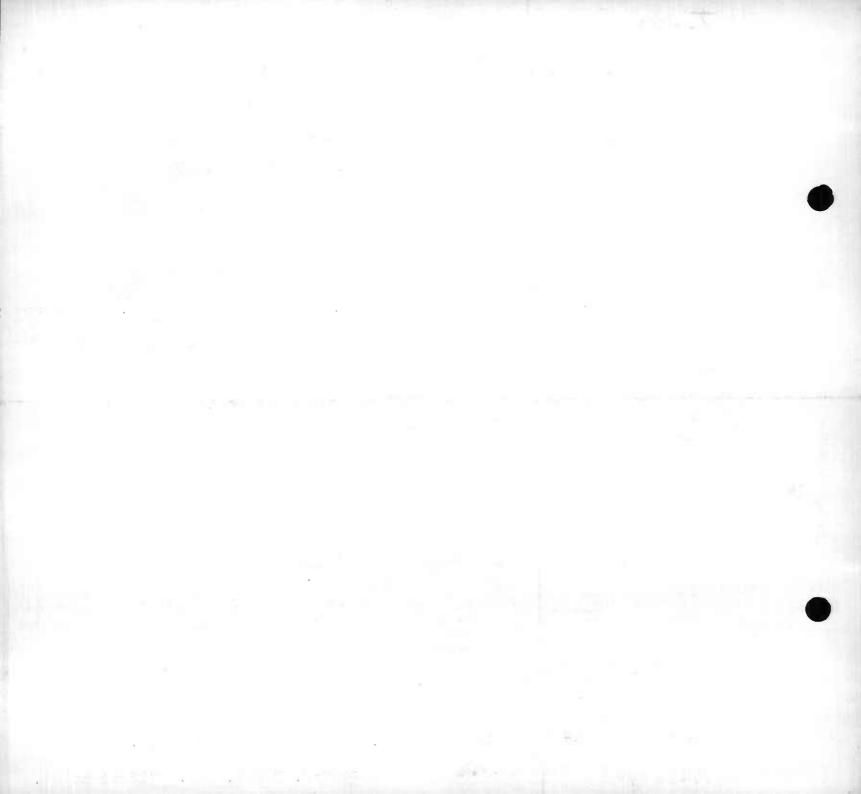


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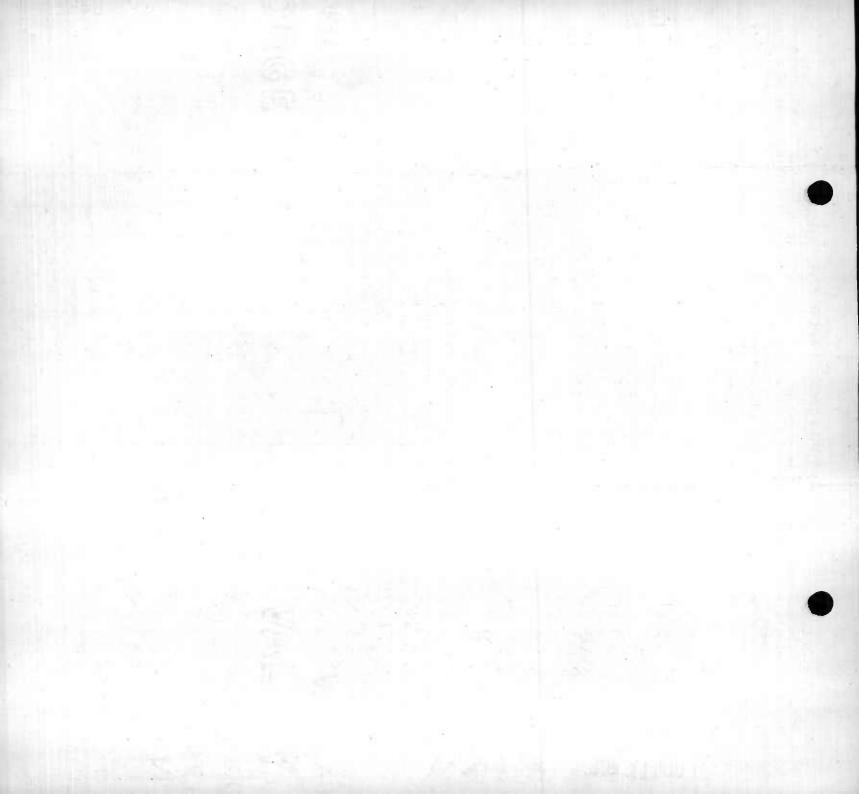
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



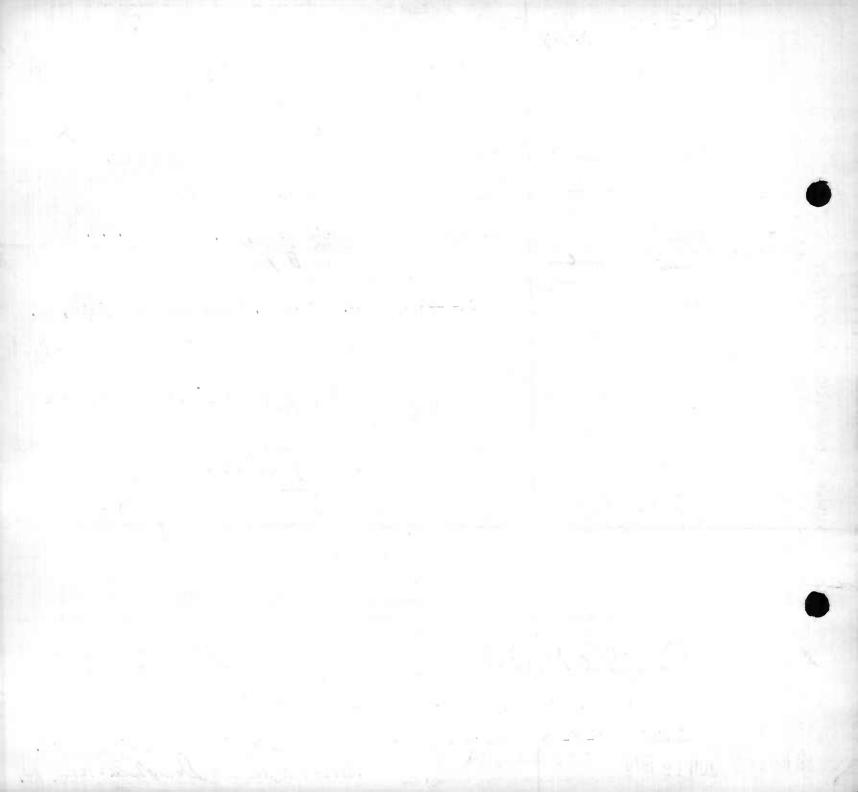
1 2111		BALTIMORE CITY	HEALTH DEPARTMENT		70 6221
BIRTH NO. 346	70 6221	CERTIFICA	TE OF DEATH	REG. NO	
(Type or Print)	1 1011 01	3.3		ND HOUR OF DEATH	1
10	hn Milton St			17, 1970	):30 p M.
3. PLACE IN BALTIMORE,  FULL NAME OF (IF I HOSPITAL OR ADI		ISTITUTION, GIVE STREET	Maryland 212	NTY 212	institution: residence before odmission)
Long	Green Nursin Selrose Avenu	g Home	Baltimore E. STREET AND NUMBER	D. IN	YES NO NO
/ ( )	. Md. 21212		729 Hollen Ro	ad	
5. SEX 6. RACE		RIED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	nite WIDO	WED DIVORCED	Oct. 24, 1898	72	Months Doys Hours Min.
done during most of working life		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
Operator	Balt	o. Erans. Co.	Maryland		USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME	
Edward	Stuller		Anna Yinglir	ng	
15. Was Deceased Ever in U(Yes, no or unknown) (If yes,	J. S. Armed Forces? give wor or dotes of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT	1 (122.0-)	ADDRESS
NO   -	-	215-05-9205 CAUSE OF DEAT	Esther S. Stul	ler (Wile)	DAME APPROXIMATE INTERVAL
(This does not mean heart foilure, asthenia injury or complication ANTECEL DISEASES OR CON rise to the above UNDERLYING COND  OTHER SIGNIFICANT COND TO THE DEATH BUT NOT	II DINDITIONS CONTRIBUTE OF RELATED TO THE TERMI	ving (B) OTE 10, OR AS	A CONSEQUENCE OF:	lauder	(Ceilent)
		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	10 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)	n or about 21 C. WHERE DID INJURY OCCUR?	(If In Boltim	ore City, give exoct location)
-	(Day) (Year) (Hour)	21E. INJURY OCCURRED  While At Not While Work At Work		IJURY OCCUR?	
that (I) (we) lost so	w the deceased alive	on (Me) (did) (did not)			olnion death occurred on the date
23A. SIGNATURE	1				23B. DATE SIGNED
4/1	MY		ending Med.	Shoff [	a/m/na
23C. PHYSICIAN'S NAME (Type)	11-1/1	DEGREE Phy	23D. ADDRESS	Phys.	17/1/10
Dr.W.	Meredith Sm	ith	6305 The Alam	eda 21212	
24A. BURIAL CREMATION, REMOVAL (Specify)		C. NAME of CEMETERY OF CR	, ,		City, town, or county) (State)
Burial		Grace United Met			
JUN 1 9 19		ME OF REGISTRAR	Eugenia K. S Seitz Funera	Seitz 5209 Y	ork Road  o. Md. 21212
			1 1		



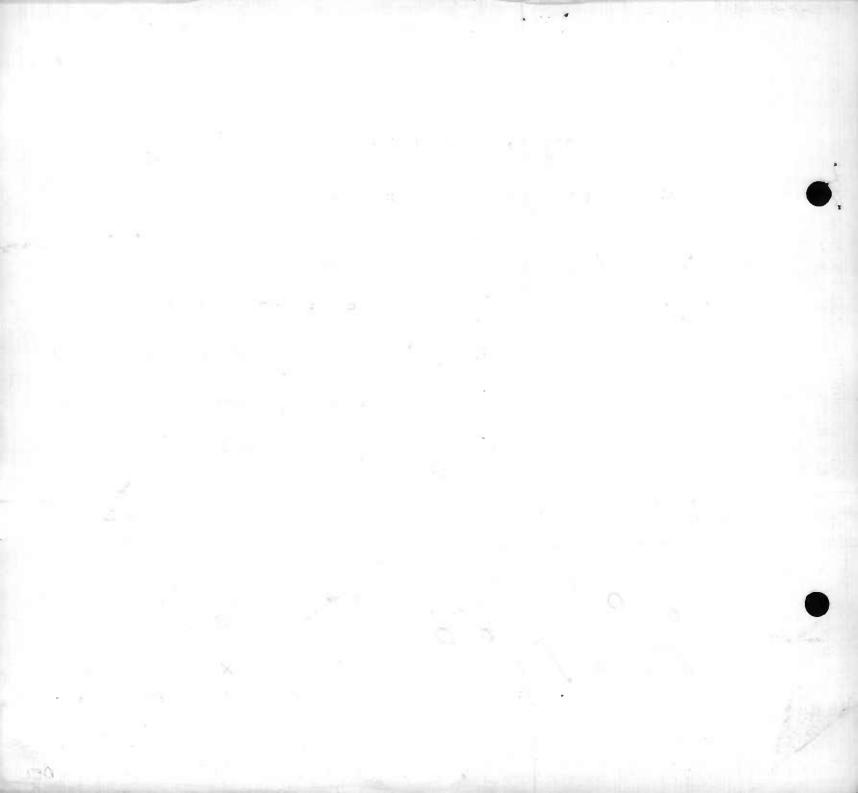
	1 5005	BIRTH NO. 70 6222 CERTIFICATE OF DEATH REG. NO. 70 6222
	death eased n the Such	1. NAME OF DECEASED  [2. DATE AND HOUR OF DEATH
	of death of death Deceased to on the ath. Such	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where docoosed lived, II institution: residence edmission)
	2 000	FULL NAME OF (IF NOT IN HOSPITAL OF INSTITUTION CIVE STREET MANGELAND ROLLING FOR
	cause use; (5)	C. CITY OR TOWN G-LY NOON D. INSIDE CITY LIMITS?
	E C C C C C C C C C C C C C C C C C C C	E. STREET AND NUMBER
	rributi mined gular sed pr	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH / 9. AGE (In Years III Under 24 Hrs.
	Saerno	WIDOWED DIVORCED B 8/18/25 OFFINDOYS Hours Min.
	B - D - B.	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  HAINGRESSEN  HAINGRESSING  Mary and  OSA  OSA
	if derect of (4) Un was the sposit	13. FATHER'S NAME
Z	# = 1. F = #	Norman E. Fritz, Sr. Mildred Elizabeth Stocksdal
TAN	kind; kind; death ce on	Ites, no of unknown) (It yes, give wor or doles of service) SECURITY NO.
MPORT	s ass if 1 any ced ndan or fi	18. 430171 CAUSE OF DEATH
M	lso of of of ed	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE CAUSE Sal anachrous
ë	miner or niner. A fracture o prono gular at	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or camplication which coused death.)
CTOR:	frac frac frac em	ANTECEDENT CAUSES
ZEC	examiexami 3) A fr 1 who n reg	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:  isse to the abave cause (A) stating the
DIRE	0 - 0 - 0	UNDERLYING CONDITION lost. (c)
MA	bur bur bur bur bur bur cem	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL    DISEASE OR CONDITION GIVEN IN PART 1 (a).
UNER	chief a n Body the p ysicie	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes of No) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FU	6 5 g 5 g 5	Co CONTRIBUTING City, give exoci location
	Pri BEZZ	O DEATH (notify medical examiner)
	proved the hospiny nature except and (6) obtained	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.)  While AI  No! While AI Wark
	the the lany n (exceptant)	22. I certify that (1) (this hospital) attended the deceased from 6 - 13 19 70 to 6 - 15 19 70
	ased to ased to lent of ospital death) nust be	that W (we) last saw the deceased alive an 6-19 70 and that in (my) (96F) apinian death accurred an the date and have and from the causes stated abave. (1) (We) (did) (did not) view the body after death.
•	ust be a eased to ident of nospital death) must be	23A. SIGNATURE 23B. DATE SIGNED
	r to	23C. PHYSICIAN'S    23D. ADDRESS   23D. ADDRESS
	ificat was 1) An 1.A. at d prio	1, SAN OABRIEL DIL OF BALTIMORE
	14000	24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City. town, or county) (Stote)
	This certi the body shows: (1 was D.O. deceased written a	25A. DATE MCD BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	₹ \$ \$ \$ \$ \$	JUN 19 1510 Robert E. Harbey Md H& Schhandt Owings Mills, Md.



1	-32A	70	6223	2	HEALTH DEPARTMEN	V	70 02	22
	RTH NO.	MAY	/ OCE	CERTIFICA	TE OF DEAT		10 02	<u> </u>
	rpe or Print)	sie C	had	wick	2. DA	O - DEAT	7017:0	TO A.
3.	PLACE IN BALTIMO	DRE, MARYLAND, V	WHERE PRONO	UNCED DEAD	A. STATE B.	(Where deceased lived, If	institution: residence before	e odmission)
H-H	JLL NAME OF	ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	Maryland	0	57	00
IN	STUTION				c.CITY OR TOWN Elkton	D. IN	YES NO	<b>S</b>
7	The Johns	Honkins	Hospit	tal	E. STREET AND NUME			<u></u>
		ACE	_		RD #1 B	ox 222	21921	
	emale	White	7- MARRIED		7/12/0	7 P. AGE (in years lost birthdoy) 62	Months Doys Hours	nder 24 Hrs. Min.
t0/	A. USUAL OCCUPAT	TON (Give kind of wor	108, KIND OF	BUSINESS OR INDUSTRY			12. CITIZEN OF WHA	COUNTRY
1	Housewife		at	Home	(ecil (ou	inty. Md.	U.S.A.	
13.	William	Forager			Mary Bo	NAME		
15. (Ye	Was Deceased Ever	in U. S. Armed Fores, give war or dote	rces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	no			215-39-3232		M. Poore Box	222A Elkton	. Ad.
1	18.	714-2	50,	CAUSE OF DEAT	1		APPROXIMAT BETWEEN ONSE	
		R CONDITION DI DING TO DEATH	RECILY	(A)IMMEDIATE CAU	se (andro	re arrest	From	edia
	heart foilure, asth	neon the mode of enia, etc. Il means	the disease,	DUE TO OR AS	A CONSEQUENCE OF:			
		ilian which caused ECEDENT CAUSES		0000	· 0. + m.	cardialin	10 1 20	ا من نما
		CONDITIONS, il		(B) DUE TO, OR AS	A CONSEQUENCE OF:	Carcia in	(0101b) 30 /	~()/0
		bave cause (A)		(c)				
_		11			1	ΛΛ .		
HOL	TO THE DEATH BU	T NOT RELATED TO T	HE TERMINAL	210	vetes M	ellins	2	
EICA	19A-DATE OF OPE	RATION 198 CON	DITION FOR	WHICH OPERATION	20A. AUTO SY? (Yes	No) 20B, IF YES, WERE	FINDINGS CONSIDERED	)
EKTE	21A- ACCIDENT W	70 WAS PER	(	atmost Way	YES		AUSES ON BEATH?	
CAL	OR CONTRIBUTION	CAUSE OF	hom	PLACE OF INJURY (e.g., in e.g., in e.g.	fice bldg. INJURY OCCU	ID (If in Boltime	ore City, give exact location	n)
MEDI	OF INJURY (Me	nth) (Doy) (Your		INJURY OCCURRED		NJURY OCCUR?		
<	(APPROX.)		Wo		, 🗆			
				he deceased fram		19to		19
						nd that in (my) (aur) of	inlon death occurred	an the date
	23A. SIGNATURE	m the causes sta	red above. (I	) (We) (did) (did not) v	lew the body after de	ath.	23 B DATE SIGNED	
	Konal	126 M	ichel	Atte	nding Med. Director	Staff Phys.	6-17-	70
	23C. PHYSICIAN'S NAME (Typel				23D. ADDRESS			
247	Rona Rona	ld G. Micl		M.D. DEGREE		Hopkins Ho		48:
	REMOVAL (Specific Burial	6-20-70	0.				City, town, or countyl	(Stote)
25/	A DATE REC'D BY		John John	ntown (emetery	25C. FUNERAL DIRE	Carleville	(ecil	Md.
J	UN 19 19/U	Japan E.	Harbey "		PIPPIN FUN		ref Den Elkte	in M
VS	150-REV. 1/1/68						- · · · · · · · · · · · · · · · · · · ·	

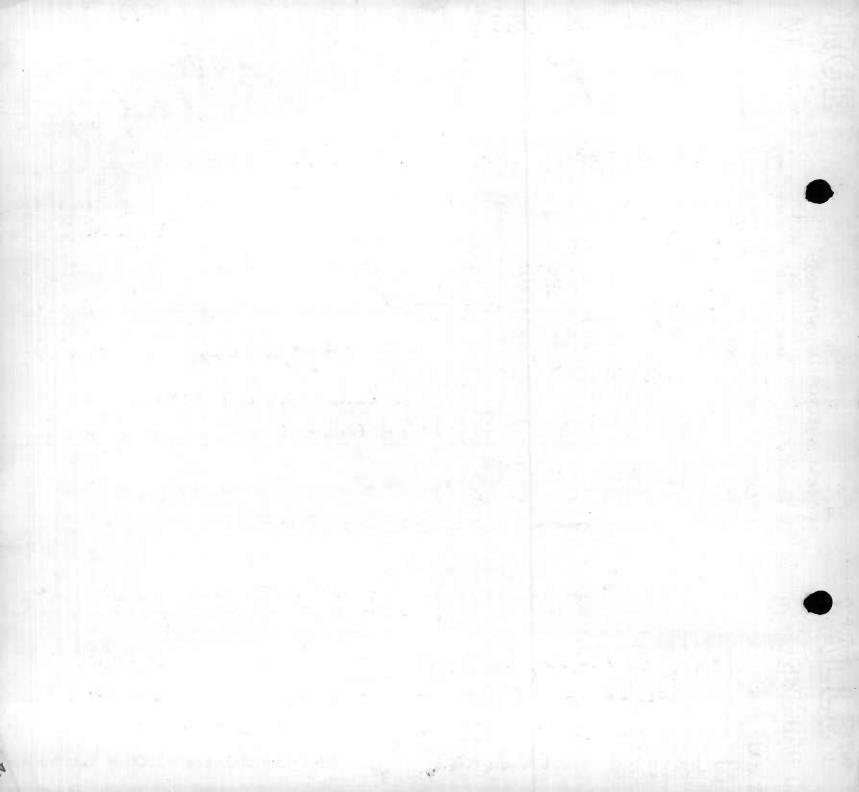


BALTIMORE CI	TY HEALTH DEPARTMENT
654 70 6224 CERTIFIC	ATE OF DEATH X REG. NO. 6224
1. NAME OF DECEASED (Type or Print) (WALTER Brummell	2. DATE AND HOUR OF DEATH  5-28-70 60 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Baltymore City Hospital, 4940 Eastern Av	E. STREET AND NUMBER
Daltimore Md. 21224	unknown. 21632
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	
Male Negro WIDOWED ! DIVORCED &	1 4-12-12. 58
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTION done during most of working life, even if retired)	RY 11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY
Farm laborer -	md. Us A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Brummell	Ella
5. Was Deceased Ever in O. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
un Known. 34nKnown	Records: JBCH-4940 Eastern Avenue 21224
18. CAUSE OF DEA	ATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	SEPSIS AND INEMMONIA BETWEEN ONSET AND DEATH
LEADING TO DEATH	pile !
Tills goes not mean the made of dyma. em	S A CONSEQUENCE OF:
heort foiluse, astheria, etc. It means the disease.	0
ANTECEDENT CAUSES A	11- 400/ 4-61 21 1
DISEASES OR CONDITIONS, if any giving DUE TO, OR A	and of legg 40% total. 26 d.
rise to the obove cause (A) stating the	S A CONSEQUENCE OF:
UNDERLYING CONDITION last.	
_	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	
19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES 9F, DEATH?
U 21A ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	10 628
OR CONTRIBUTING CAUSE OF  DEATH (notify medicol exomined)	in or obout 21 G. WHERE DID office bldg (If in Boltimore City, give exact location)
Ol mad 0)	J-earsleburg May 53-00
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED While At   Not Wh	21F. HOW DID INJURY OCCUR?
S OF INJURY (APPROX.) 5-2-70 While At Not Who	Chicker Carry of feel from
22. I certify that (1) this hospital) attended the deceased from	5-3- 19 70 to 5-28 19 78
that (D(we) last saw the deceased alive an 5-27	
and have and from the causes stated above. (1) (We) (3) (did not)	view the bady after death.
23A. SIGNATURE	23B, DATE SIGNED
August buck mo perses Ph	tending Med. Director Phys. Staff 5 28 70
23C. PHYSICIAM'S NAME (Type) Susan R. Luck	23D. ADDRESS 4940 Eastern Avenue, Baltimore, Md.
Jusan R. Luck DEGREE	Bultomore City Hospital 27220
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CI	REMATORY 24D. LOCATION (City, town, or county) (Stole)
Burial 5-30-70 Federal Hi	ll o Foderalouses and.
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS
JUN 1 9 1910 Pake & Balle Jan	Talenter M. Cutitison SOATURED DEZ
\$ 150-REV. 1/1/68	11 -00 1000 1000 1000



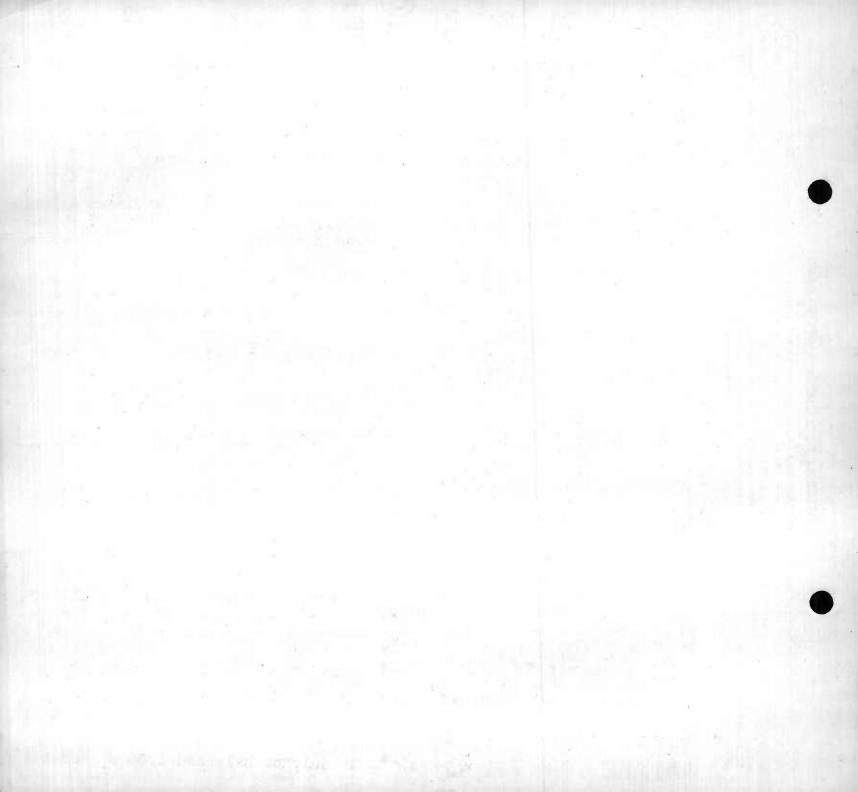
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55	. >	_ 5	be obtained before the remains are embalmed or final disposition is made.
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his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	ras D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the eccased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	ritten approval must
Ü	bc VS	4	+e
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-		0	the .

	BALTIMORE CITY	HEALTH DEPARTMENT		70 0225			
G-435 70 622	5 CERTIFICA	TE OF DEATH	REG. NO	10 Octo			
1.NAME OF DECEASED		2. DATE	AND HOUR OF DEAT	H			
GOLDMAN, Gra	ant	Jı	une 15.1970	7:10 A.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased lived. If	institution: residence belore admission			
FULL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION. GIVE STREET	Maryland		1603			
HOSPITAL OR ADDRESS OR LOCATION)	NOTICE OF THE STREET	C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?			
CA		Baltimore		YES NO			
70		E. STREET AND NUMBER					
BoltonHill Nursing & Conv		920 M. Mour	nt Street				
5. SEX 6. RACE 7. MAI	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.			
TV V	OWED DIVORCED	3-15-85	85				
OA. USUAL OCCUPATION (Give kind of work 108, KII tone during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	17. BIRTHPLACE (Stote or fo	oreign country)	12. CITIZEN OF WHAT COUNTR			
		Maryland		U.S.A.			
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME				
Wm. Henry G	foldman	Toutes	Tomas				
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	Louise	Jones	ADDRESS			
Yes, no or unknown) (If yes, give wor or dates of se							
18. / // 9: 9	212-16-9100 CAUSE OF DEAT	·		APPROXIMATE INTERVAL			
rise to the above cause (A) stating UNDERLYING CONDITION last.	(c)	turliste de a consequence of:	ent disa	yen yen			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED 121A. ACCIDENT WAS UNDERLYING 1	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B, IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltim	ore City, give exoct locotion)			
OF INJURY (Month) (Day) (Yeor) (Hour)	21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?						
S OF INJURY (A PPROX.)	While At Not Whit	e 🗆					
00.1	WORK AT WORK						
22. I certify that (I) (this haspital) atten	/		19 20 10	6/15 186			
that (1) (we) lost saw the deceosed alive	0/			pinian deoth occurred on the do			
and hour and from the causes stated about	ive. (1) (We) (did) (did not) v	iew the body ofter death	h				
23A. SIGNATURE	MS Atte	ending Med.	Staff	238. DATE SIGNED			
al III a	DEGREE Phy	s. Director	Phys.	6/18/73			
23C. PHYSICIAM'S NAME (Type) ALLAN H. MA	LCHT M. O DEGREE	23D. ADDRESS 2 E. REA	y 89 1	slow non			
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL 6/18/70	M Auburn Co		Baltimore	City, town, or county) (State)  Md			
25A. DATE REC'D BY HEALTH DEPT.   25B. N.	AME OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS			
JUN 1 9 1970 Obbut E. Jal	Sey KA	Adolphus	Halstead	1206 W north A			
/S 150-REV. 1/1/6B							



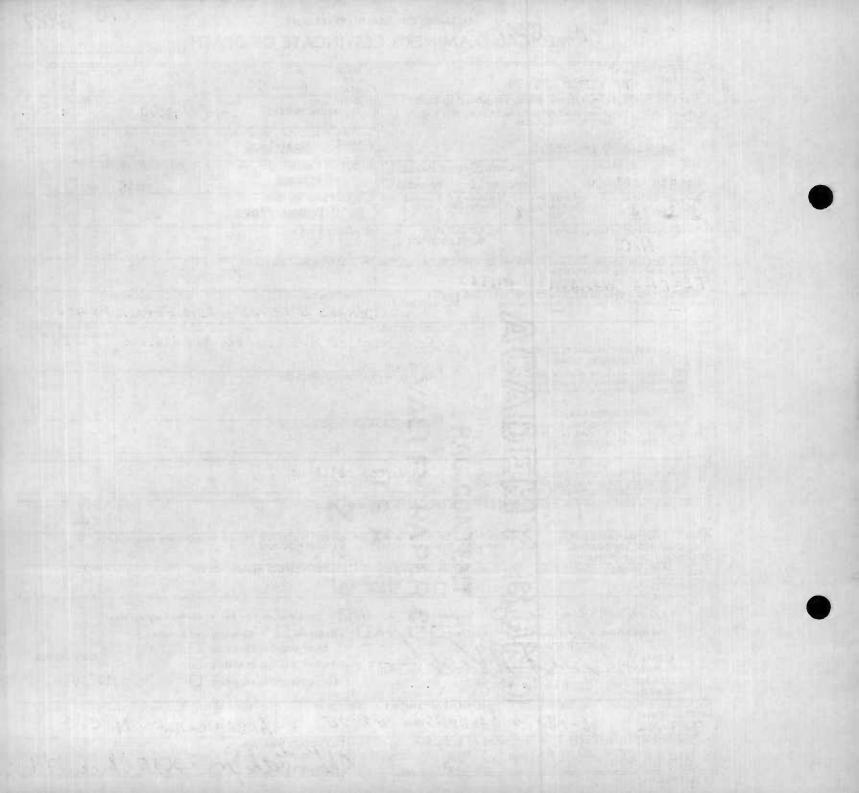
FUNERAL DIRECTOR: IMPORTANT

T 00	/> 170	0000	BALTIMORE CITY	HEALTH DEPARTMENT		70 6226	
1-200	70	6226	CERTIFICA	TE OF DEATH	REG. NO	10 0220	
Type or Print)	CEASED			2. DATE	AND HOUR OF DEATH		
	TYES, Eli			Ju	ne 12, 1970	9:30 P.	
3. PLACE IN BA	ALTIMORE, MARYLAND, V	HERE PRONO	UNCED DEAD	A. STATE B. CO	There deceased lived, If	institution: residence before admission	
ULL NAME O	F (IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Maryland		2001	
NSTITUTION	ADDRESS OR LOC	ATION)		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?	
91)				Baltimore		YES NO	
10				E. STREET AND NUMBER			
	11 Nursing &	Convale	scent Ctr.		Saratoga Stre		
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.	
F	N	WIDOWED			89		
	CUPATION (Give kind of world working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or f	oreign country)	12. CITIZEN OF WHAT COUNTR	
one doring most c	working me, even in remour			Maryalnd		U.S.A.	
FATHER'S N.	AME			14. MOTHER'S MAIDEN N	NAME		
	1			**			
. Was Decens	Unknown  ed Ever in U. S. Armed Fo	res?	1 6. SOCIAL	Unknown 17. INFORMANT		ADDRESS	
	(If yes, give wor or dote		SECURITY NO.	INI ORIVIANI	700		
			212-56-9905				
18. 4	2023		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	
UNDERLYIN	he above cause (A) NG CONDITION last.  II IIIIIIONS CO		(c)	Ulivaleus	Jewel	yes Kang	
E I IO IHE DE	ATH BUT NOT RELATED TO T	HE TERMINAL	***************************************				
		IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?	
OR CONTRI	ENT WAS UNDERLYING DESCRIPTION OF STREET	21 B. hom etc.		n or obout 21 C. WHERE DID	(If In Boltim	ore City, give exact location)	
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
OF INJURY			White At Not While				
22 1	WORK LAT WORK LA						
			- /.	107	19 05 to	6/12 19 73	
	e) last saw the decease		-//-			pinion death occurred on the do	
		ted obove. (I	I) (We) (did) (did not) v	iew the body ofter deat	h.	lean mass almino	
23A. SIGNAT	URE	-4	A4 A4	nding Med.	Short C	23B. DATE SIGNED	
	a.	m/au	DEGREE Phys	Director	Phys.	6/13/70	
23C. PHYSIC NAME	AN'S (Type)	1	CHT MO	23D. ADDRESS	015	ON MI	
44 9/19/41	LLAN H	10/11	DEGREE DEGREE	V C / C	LOCATION .	and my char	
4A. BURIAL CE REMOVAL	(Specify) 248. DATE	24C. N.	AME of CEMETERY or CRE	MATORT 24D	Baltimore	City, tawn, or county) (Stote)	
Buria	6/18/70	רוא (	Auburn Co	met mir			
SA. DATE REC		25B. NAME	OF REGISTRAR	Metry	Holotood .	1206 W APPRESS A	
IIIN 1 c	Tabe A &	Salls.	MA	Adolphus	Halstead :	1200 H OT OIL IN	
(C 150 DEV 1/	/6 R			1 / 1			



DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (d) CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL Diabetes mellitus DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) no 22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) home, form, loctory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy)
OF INJURY (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Yeor) WHILE AT NOT WHILE (APPROX.) AT WORK 23. I certify that I held an Inquiry Inspection 🔀 Autapsy and that an this basis, death in my apinian resulted from: Natural causes X Accident Swicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE. M.D. EXAMINER'S. 6/17/70 ASSOCIATE MEDICAL EXAMINER Ronald N. Kornblum, M.D. NAME (Type) 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, town, or county) REMOVAL (Specify) ANDERSON BURIAL BERMARLE 25A. DATE RECY BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR **ADDRESS** 

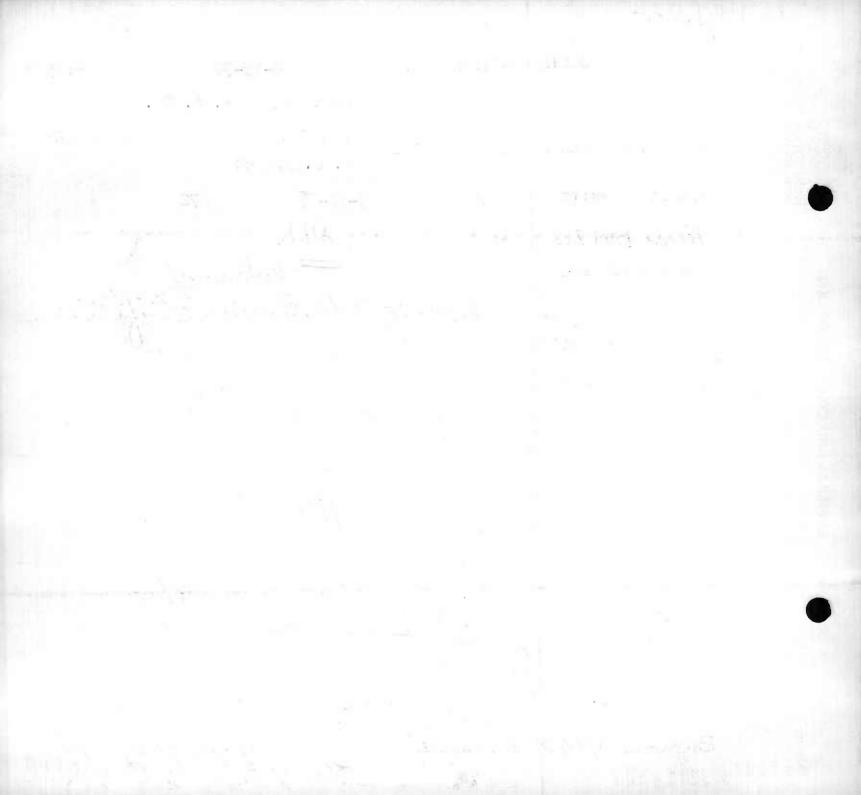
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IMPORTAN

DIRECTOR:

FUNERAL



B-450 70 62	DO BALTIMORE CITY	HEALTH DEPARTMENT		70 0000
D 400	CERTIFICA	TE OF DEATH	REG. NO	70 6229
I, NAME OF DECEASED George  (Type Pint Rich Rose BLOWLE	S. Blome	2. DATE	AND HOUR OF DEATH	970   9:00 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (V		institution: residence before admissi
FULL NAME OF (IF NOT IN HOSPITAL OR IN: HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	STITUTION, GIVE STREET	MARY AND		SIDE CITY LIMITS?
GOOD SAMARITAN 1	HOSPITAL	BALTIMORE E. STREET AND NUMBER	R	YES NO NO
GOOD CHAMACHAIL	100/	4401 RolA	ND HVE	2/2/0
S. SEX 6. RACE 7. MARRI WIDOW	NEVER MARRIED DIVORCED	5/17/97	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10B. KIND	OF BUSINESS OR INDUSTRY	11. BERTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUN
lone during most of working life, even if retired)  Retired Sales Mgr. Po 3. FATHER'S NAME	rcelain Steel	Balti	more Md	USA
George J. Blome		Pauline		
S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	212094380	Mrs. G. S.	Blome 440:	1 Roland Ave
1B. (4 5 1 9) 1 1	CAUSE OF DEAT			APPROXIMATE INTERVA
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DE
LEADING TO DEATH	(A)IMMEDIATE CAL	ISE LIVER	FAILUR	E 2 WEEL
(This does not mean the mode of dying,	DUE TO, OR AS	A CONSEQUENCE OF:		· · · · · · · · · · · · · · · · · · ·
heart failure, osthenia, etc. It means the disectiniury or complication which caused death.)	ose,			THE SHALL MAKE THE
ANTECEDENT CAUSES	11	ENDIATITIS		
DISEASES OR CONDITIONS, if any, give	DUE TO, OR AS	EPATITIS A CONSEQUENCE OF:		+8808000000000000000000000000000000000
rise to the obove couse (A) stoting				
UNDERLYING CONDITION last.	(c)			
_ II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG SEPSI	S ACUTE	- REWAL	FAILURE.
DISEASE OR CONDITION GIVEN IN PART 1 (A).				
19A. DATE OF OPERATION 19B. CONDITION FO		20 A. AUTOPSY? (Yes or	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	ffice bldg., INJURY OCCUR	? (If In Boltim	ore City, give exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While At Work	e	INJURY OCCUR?	
22. I certify that (1) (this hospital) attended	ed the deceased from	ewE14	1970 to 1	VWE 17 1976
that (1) (we) last sow the deceased alive	on tewe 1	7 19 70 and	that in (my) (aur) a	pinian death accurred an the
and hour and fram the causes stated above	e. (1) (We) (did) (did nat)	view the body after dear	th.	DATE SIGNED
23A. SIGNATURE	A 1	ending Med.	□ Shoff □	23B. DATE SIGNED
Chattlew Volle	DEGREE	s. Director L	Staff Phys.	June 17, 187
23C. PHYSICIAM'S NAME (Type) MATTHEW POLL	AP K	23D. ADDRESS	HOPKINS	HOSPITHL.
24A. BURIAL CREMATION, 24B. DATE 240	C. NAME of CEMETERY OF CR			City, town, or county) (Stat
Burial 6/19/70	Lauden Deut	STATE OF STATE OF		no Md
	Loudon Parl		Baltimo	re, Ma.
JUN 1 9 1970 Table &	NE OF REGISTRAR	2SC. FUNERAL DIREC	TOR	ome 6500 York

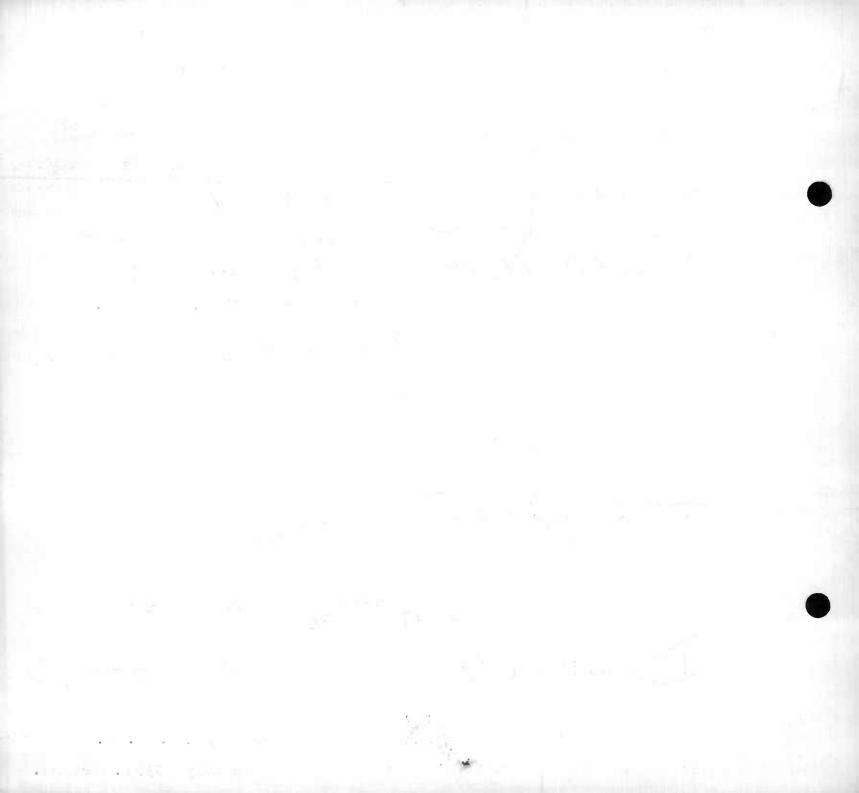
9/30/70 - Serum Repatites Letter from Good Samaritan Hosp in file - Bur of Birstat - American Bldg.

IMPORTANT

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1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

APPROXIMATE INTERVAL

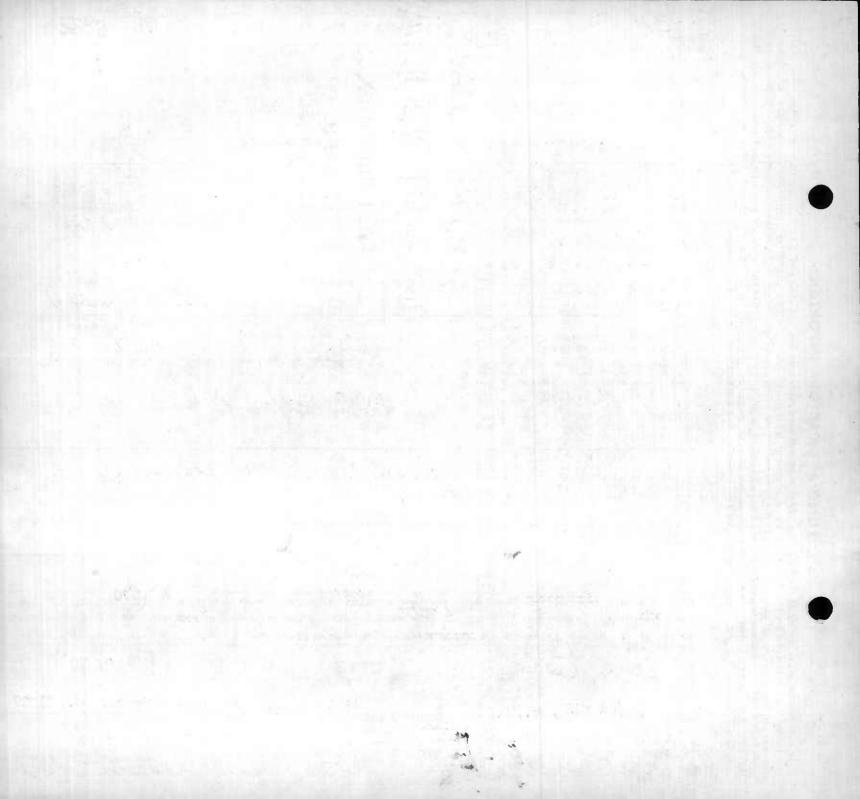
BETWEEN ONSET AND DEATH

AOORESS

U.S. A.

ADDRESS

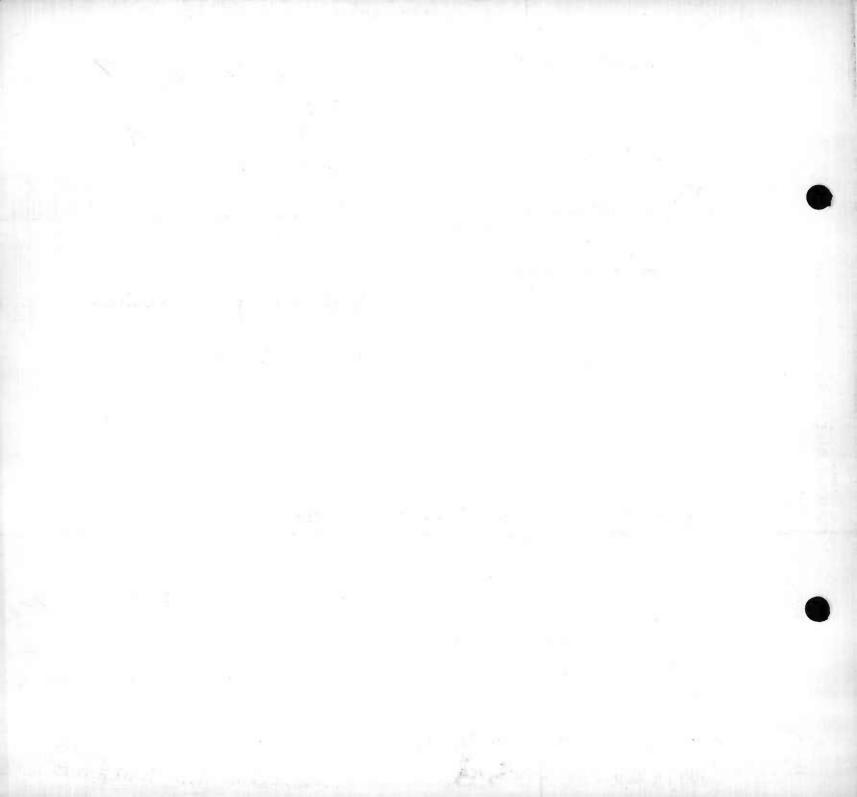
If Under 24 Hrs. Hours : Min.



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DIRECTOR:

FUNERAL



2715 Hanson Ove.

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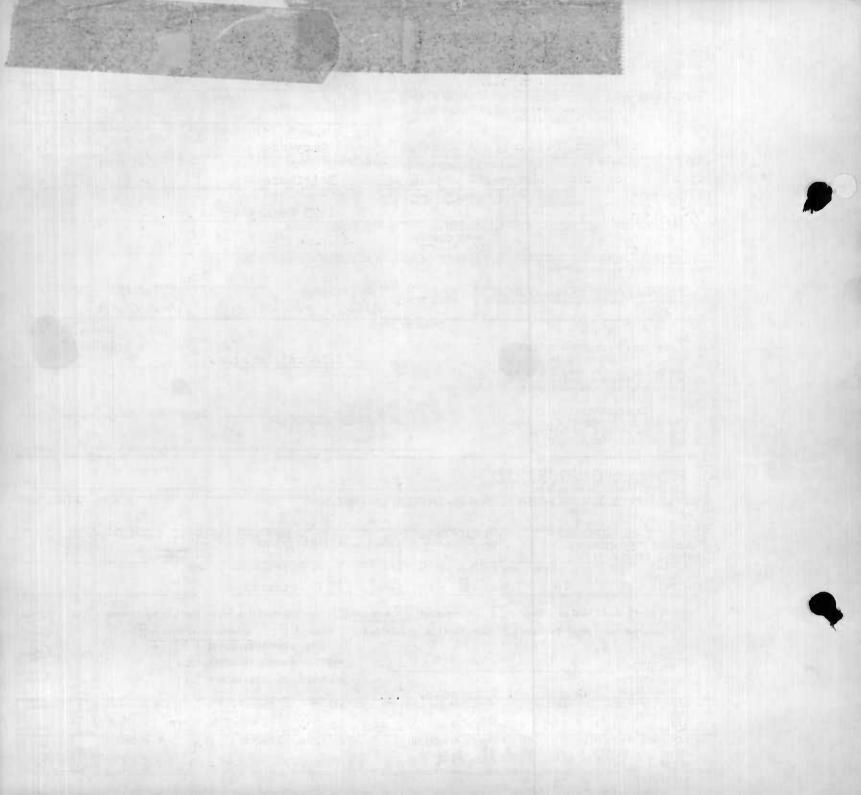
	red in a hospital and uting cause of death ed cause; (5) Deceased ar attendance on the prior to death. Such de.
PORTANT	This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	of medical examiner or had medical examiner. Also dy burns; (3) A fracture of physician who pronour cian was in regular atternains are embalmed
NOT .	t be approved by the chi sed to the hospital by a out of any nature; (2) Boc ipital (except where the eath); and (6) No physi ust be obtained before the
	This certificate must the body was releases shows: (1) An accide was D.O.A. at a hos deceased prior to deritten approval mustiten approval managements.

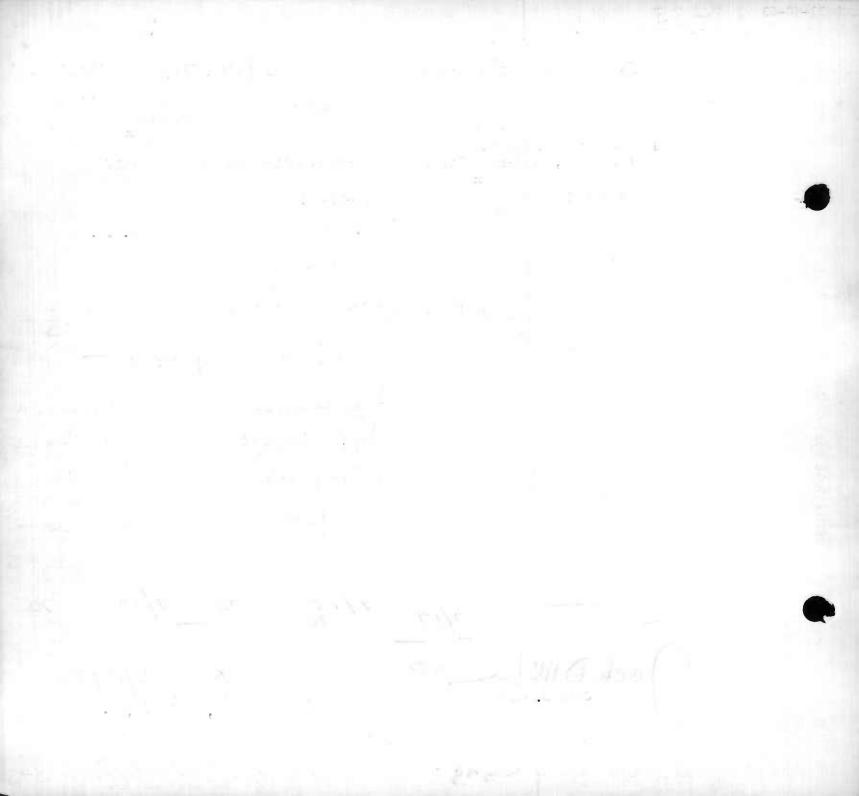
BIRTH NO.	00		CERTIFICA	ATE OF DEATH			
1. NAME OF D (Type or Print)		non Vic	k		D HOUR OF DEATH	1	<sub>a</sub> a
3. PLACE IN B	ALTIMORE MARYLAN			4. USUAL RESIDENCE (When	e deceased lived. If i	nstitution; residence befor	e odmissio
FULL NAME OF HOSPITAL OR	F (IF NOT IN H	OSPITAL OR IN	STITUTION, GIVE STREET	A. STATE Md.	••	150	21
NOTITUTION	ADDRESS OR	LOCATION		c. CITY OR TOWN Balto	D. INS	SIDE CITY LIMITS?	7
37 F	rovident	Hospita	1	E. STREET AND NUMBER		YES 🔼 NO	
	Baltimore	, Maryl.	and 21217	1361 N. Stri	cker St.		
Male	Negroid	WIDOW		11-6-20	ast birthdoy)	Months Days Haur	nder 24 H
10A, USUAL OC done during most	CUPATION (Give kind of working life, even if re	of work 10B, KIND lired)	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreig		12. CITIZEN OF WHA	T COUNT
2 SATURBIE N	AM -			North Caroli		U.S.A.	
3. FATHER'S N		- Th-		14. MOTHER'S MAIDEN NAM	3.1		
5. Was Decone	Frank Vi		1 6. SOCIAL	Jane Allen			
Yas, na or unknav	vn) (if yes, give war o	t dotes of sorvic	e) SECURITY NO.	17. INFORMANT		ADDRESS	
18. 5	29 6.		246091417 CAUSE OF DEA	Mary M. Vick	1361 St	ricker Str	
injury ar co	ANTECEDENT CA	USES	se, Bra	a consequence of:  11 Absce	55	2 w	ee K
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DISEASES rise to UN DERLYII  OTHER SIGN TO THE DEL DISEASE OR 19A-DATE OF 19A-DATE OF 19A-DATE OF INJURY (APPROX.)  22. I certif that (I) (we and haur a	OR CONDITIONS, the above cause of CONDITION los of CONDITION los of CONDITION los of CONDITION GIVEN IN CONDITION GIVEN GIVEN IN CONDITION GIVEN IN CONDITION GIVEN IN CONDITION GIVEN G	if any, givi (A) stating to the transport of the transport NP PART 1 (A), CONDITION FOR PERFORMED  Year) (Haus) Platal) attended eased alive as	GAL  R WHICH OPERATION  218. PLACE OF INJURY (e.g., name, farm, factory, street, calculated)  RIE, INJURY OCCURRED  While AI Not White AI Work  If the deceased from AI Work  If the deceased from AI Work	in or obout 21C, WHERE DID 18ffice bldg, INJURY OCCUR?	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?  • City, give exoct lacotion  UNUL  nian death accurred of	19 70
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DISEASES rise la UN DERLYII  OTHER SIGN TO THE DE DISEASE OR 19A-DATE OF 19A-DATE OF 19A-DATE OF INJURY (APPROX.)  22. I certif that (I) (we and haur a 23A-SIGNAT	ANTECEDENT CAI OR CONDITIONS, the above cause NG CONDITION los  IFICANT CONDITION IS  IFICANT CONDITION SATH BUT NOT RELATED CONDITION (IVEN IN BUT NOT RELATED CONDITION (IVEN IN WAS  ENT WAS UNDERLY!! BUTING CAUSE OF (y medical examines)  (Month) (Day) (1)  y that (1) (this hose) a) last saw the december of the causes  URE  MAS  (Type)  MYS  (MONTH) (MONTH)  MYS  (Type)	if any, givi (A) stating to the tree to the tree to the tree to the terminy N PART 1 (A). CONDITION FOR PERFORMED  Year) (Hour) Year) (Hour) The tree tree to the tree tree tree tree tree tree tree	Good DUE TO, OR AS IN THE TO THE TOTAL TO THE TOTAL TO THE TOTAL T	20A. AUTOPSY? (Yas ar Na)  in ar about 21C. WHERE DID affice bldg., INJURY OCCUR?  21F. HOW DID INJU  21 ond that ylew the bady after death.	20B. IF YES, WERE IN CERTIFYING CA.  (It in Boltimor  RY OCCUR?  In (my) (our) opli	FINDINGS CONSIDERED USES OF DEATH?  • City, give exoct lacotion  UNUL  nian death accurred of	19 74
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DISEASES  nise la  UN DERLYII  OTHER SIGN TO THE DE- DISEASE OR 19A-DATE ( DISEASE OR 19	OR CONDITIONS, the above cause of CONDITION los of CONDITION los of CONDITION los of CONDITION GIVEN IN CONDITION GIVEN	if any, givi (A) stating to the terminal to th	GAL  CR WHICH OPERATION  CIB. PLACE OF INJURY (e.g., oncome, form, foctory, street, oncome, foctory, street, oncome, foctory, street, oncome, foctory, street, oncome, foctory, street, on	20A-AUTOPSY? (Yes or No)  in or obout 21C. WHERE DID sifice bldg., INJURY OCCUR?  21F. HOW DID INJU 21	20B. IF YES, WERE IN CERTIFYING CA.  (It in Boltimor  RY OCCUR?  In (my) (our) opli  hoff  hys.   MEY S.	FINDINGS CONSIDERED USES OF DEATH?  The City, give exact facotion  A VCC  The City and the control of the control of the city and the control of the city and the	19 7C



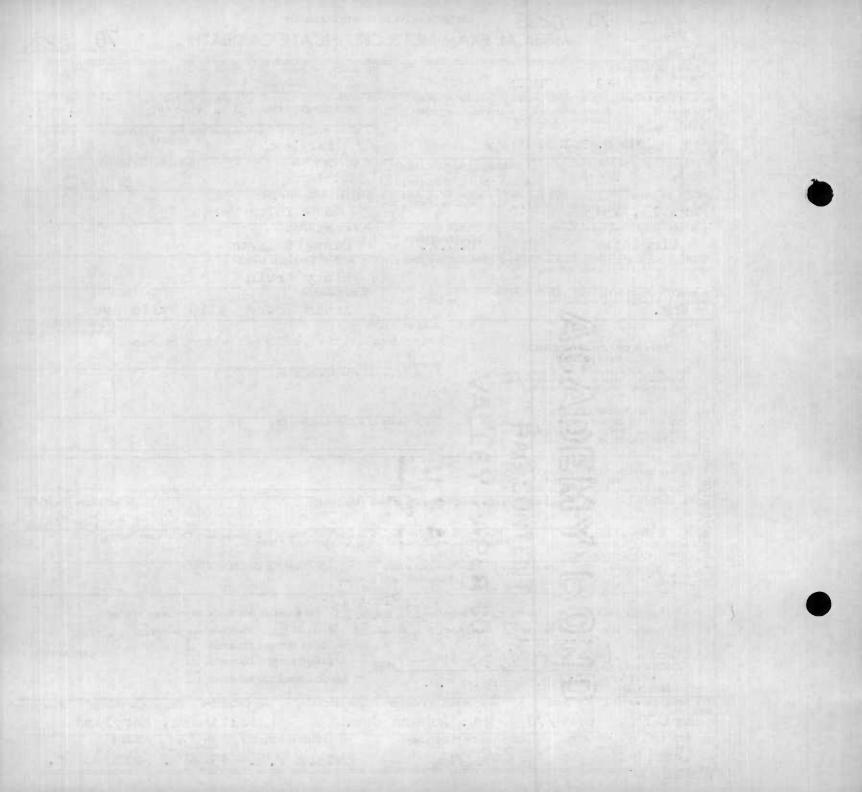
VS 151-REV. 1/1/68

1	- 450	70	MEI MEI	36 DICAL		ALTIMORE CITY HE			OF DE	ATH REG	. NO	70	6236
1.	NAME OF DE	CEASED	Ann	a G.Pa	lin		2. DATE OF DEATH	Knawn Estimat		h Do	γ	Year	Hnur
	PLACE IN BA						3. DATE	DUNCED DE	AD Mont	h Do	У	Year	Hour
HC	LL NAME OF SPITAL INSTITUTION	ADDR	ent Hospi	ATION)	INUTION	I, GIVE STREET			(Where deceas			70 esidence l	10:15 a
6.	SEX	7. RACE			IED 🗌	NEVER MARRIED	C. CITY C			D. INS	IDE CITY	LIMITS?	<u> </u>
:	female	colo	red	WIDOW		DIVORCED [	F	Baltimo	re		YES		NO 🗆
9.	12-12	· 31	10. AGE (I	In years oy) 38		r 1 Yr. II Under 24 Hrs. Days Haurs Min.		AND NUM	BER nnsylvai	nia Ave			
11.	BIRTHPLACE (	State or fare	Ign country)			ZEN OF AT COUNTRY?		R'S NAME		2:1:~			
	USUAL OCCL				OF BU	SINESS OR INDUSTR			N NAME	15			
16. (Ye	WAS DECEAS s, no or unknown	ED EVER IN	U.S. ARME	D FORCES	? 17	SECURITY NO.	18. INFO	LICE	Vaugt	hu /4	ADD	RESS cyfe	rd Ave
NO	heart failure Injury or con A DISEASES RISE TO TH	e, asthenia, éi mplication wh NTECEDENI	e made of di ic. It means the lich caused de T CAUSES IIONS, IF AN AUSE (A) STA	e disease,		(B) DUE TO, OR	AS A CONSE	QUENCE OF		na			
CERTIFICATION	OTHER SIGN TO THE DE DISEASE OF	ATH BUT NO	II ONDITIONS C OT RELATED TO N GIVEN IN F	PART 1 (A)	INAL								
CERT	20A. DATE O	F OPERATIO	N 208. CO	NOMION	FOR WI	HICH OPERATION W	AS PERFOR	MED			2	ı. AUTO	PSY? (Yes or No)
EDICAL	22A. EXTER UNDERLYING UTING □ CA		NTRIB-		22B. PLA home, fo	CE OF INJURY(e.g., irm, factory, street, affic ?	in ar about e bidg., eic.)	22C. WHER	E DID (If In Bot CUR?	timare City, (	ive exact I		
Σ	OF INJURY (APPROX.)	(Manth) (	(Day) (Yea ? 70	ar) (Hou	'		WHILE		old INJURY of ermined	OCCUR?			
		URE C	hast	85.	Apre	ident Suicion M.D.	le l	CHIEF MED	Undete	ermined mo			DATE SIGNED
	A. BURIAL CRE	MATION,	Charle 248. DATE	2-70		ngate, M.D. NAME of CEMETERY No. Aut	or CREMAT	Can	24D. LOCAT	ion (cit	y, town, o		
25	JUN 1	9 1970	Pober		Ben,	F REGISTRAR		FUNERAL I	/	BAILE	/ ADD	RESS	alkour

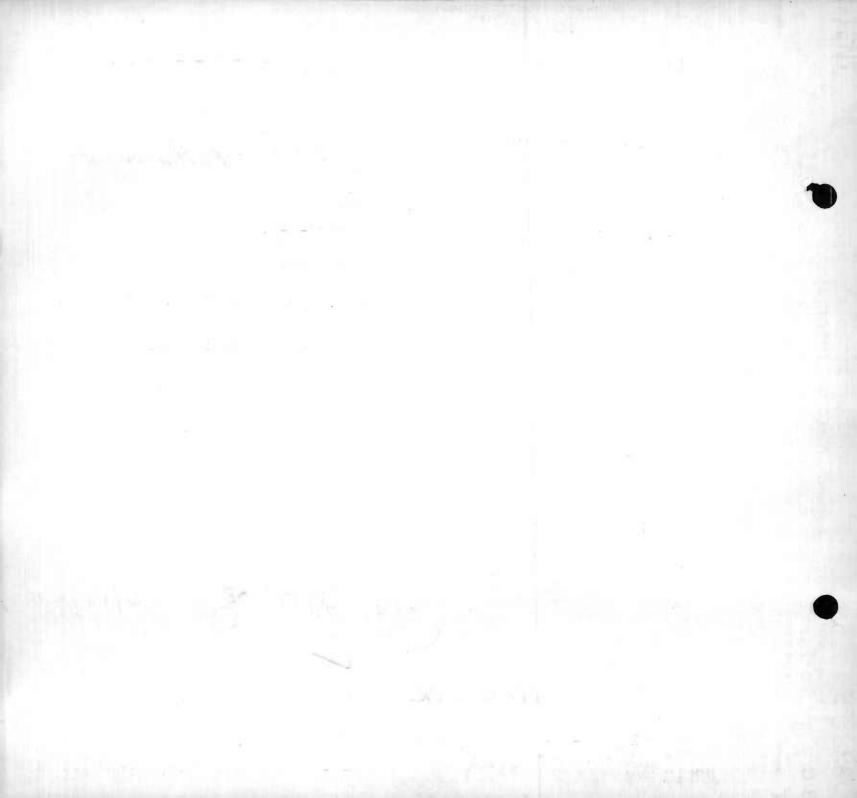




B	-650 7			BALTIMORE CITY HE			DEAT	H REG. NO.	70	6238
BIRTH 1. NA	ME OF DECEASED				2. DATE	Known 🗍	Month	Doy	Year	
	or Print) JAMES	S BR	OWN		OF	Estimoted	Monin	υσγ	Tear	Hour
4. PL/	ACE IN BALTIMORE,	MARYLAND, W	HERE PI	RONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour M.
HOSPI	IAME OF (IF ADI	NOT IN HOSPITA	L OR INS	TITUTION, GIVE STREET		NCED DEAD		17,1970	residence h	6:30 A.
01	A .	Fulton			A. STATE Ma	ryland		B. COUNTY	1	502
6. SEX	7. RACE		B. MARK		C. CITY OR Balti			D. INSIDE CI		
9. DA	TE OF BIRTH	IIO ACE /In	WIDOV	VED DIVORCED H		ND NUMBER		YI	ES 🗶	NO L
Man	r. 15, 19	15 lost birthdoy	55	Months Doys Hours Min.	1305	N. Fulto	n Aven	ue		
11. BIR	Virginia	reign country)		12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S	nett Bro	own			
done du	UAL OCCUPATION ( pring most of working life	Give kind of work 1	4B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHER	'S MAIDEN NA	ME			
					Pink	cy Arvii	n			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng or ynknown)(() yes, give wor or doles of service)  SECURITY NO.					18. INFORM				DDRESS	
	Unk.					ie Young	g 311	0 Wyli		Date of the second
19.	412.4	1		CAUSE OF DEAT					RETWO	PROXIMATE INTERVAL TEEN ONSET AND DEATH
	DISEASE OR CO		TLY	Arterioso	lerotic	cardiov	ascula	r diseas	е	
	LEADING (This does not mean t	TO DEATH		(A)IMMEDIATE C						
	heart failure, asthento, injury or complication	etc. It meons the	diseose,	DUE TO, OR A	S A CONSEQU	JENCE OF:				
			,							
	ANTECEDER DISEASES OR COND		GIVING	(B)	S A CONSEQ	HENCE OF				
	RISE TO THE ABOVE UNDERLYING CON	CAUSE (A) STAT	ING THE	50E 10, 0K	13 A CO113EQ	OLNCE OF.				
8_		JIIION LASI,		(c)						
CERTIFICATION	OTHER SIGNIFICANT OF THE DEATH BUT NO DISEASE OR CONDITION	OT RELATED TO	THE TERM	INAL						
20,	A. DATE OF OPERATI	ION 20B. CON	DITION	FOR WHICH OPERATION WA	S PERFORME	D			21. AUTO	PSY? (Yes or No)
1 /		3							yes (	Partial)
	A. EXTERNAL CAU NDERLYING OR CO	ONTRIB-		22B. PLACE OF INJURY (e.g., home, lorm, loctory, street, office	bldg., etc.) IN	C. WHERE DID JURY OCCUR?	(If in Boltimo	re City, give exo		
≥ 22	D. TIME (Month)	(Doy) (Year)	(Hou	22E.INJURY OCCURRED	22	F. HOW DID IN	JURY OCC	JR?		
	PPROX.)				WHILE CORK					
23.				(Pa	rtial)					
	I certify that I				opsy K	and that on t			_	
	resulted from:	Nataral caus	es 🖺	Accident Suicid	Hon	niclde 📙	Undetermi	ned manner		
	ACTUAL	1.1	11	1/1/		HIEF MEDICAL	110			DATE SIGNED
	SIGNATURE	was	VI	M.D.	- ASSIS	TANT MEDICAL	EXAMINER	X		
Ш	NAME (Type)		Korı	nb1um,M.D.		CIATE MEDICAL	EXAMINER		6/17/	70
	URIAL CREMATION, VAL (Specify)	24B. DATE	_	24C. NAME of CEMETERY			LOCATION		, or county)	(State)
	VAL (Specify)	6/20/7	)	Mt. Auburn C	em.		Baltin	ore, M	aryla	nd
25A. D	ATE REC'D BY HEALT	H DEPT.	258. N	AME OF REGISTRAR	25C. FL	JNERAL DIRECT	OR V. B	asla. Al	DDRESS	
	JUN 19 1917	1 Jacob	W Wa	Wen R.D.	Kels	son F.H.	. 134	8 N/ C	alhou	n St.
VS 151	-REV. 1/1/68				(3. 2					



2-125		0.06		HEALTH DEPARTMEN	<b>₹</b> T	70 0220
HIRTH NO.	70	6239	CERTIFICA	TE OF DEAT	H Registered No	10 6233
M.E. CASE NO.	EASED				TE AND HOUR OF DEAT	H
Type or Printle	e Marie Bru	itton			6-18-70 -8-	
PLACE OF DEA	TH IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE	(Where deceased lived, It	institution: residence before admissi
	6.3 TE 14			242	COUNTY	1 N N U
HOSPITAL OR	F (If not in hospital oddress or location		give street	C. CITY OR TOWN	//F = 4-14= -14 - 15 - 15 - 15	2007
INSTITUTION					m 1 1	e RURAL and give township)
2717 W	.Baltimore	Street	•	D. STREET ADDRESS	(If rurol, ,give Igcotion)/	, , , , , , , , , , , , , , , , , , , ,
) 5(1	· Dar ormoro	00000		271		more St
SEX	6. RACE	7 AAADDIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	That I I Was to I Call
			D, DIVORCED (specify)	4-18-08	lost birthday	Months Doys Hours Min.
F	N	llion Visia on	I <sub>A</sub> I		02	
	VORKING life, even if retired)	KIOB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
H-W.				Sumter-S-	C.	
FATHER'S NAM	A E			14. MOTHER'S MAIDEN	INAME	
- 1	bl			Mary Dove		
John Wi	therspoon	tces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown)	Ever in U. S. Armed Fo. (It yes, give wor or dote	es of service)	SECURITY NO.		A COTO I	
				Thelma Bro	gdon-2/17 W	.Baltimore St
1B. 12	1.21		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEAS	E OR CONDITION DI	RECTLY	1		1 2 4000	BE UNKHOU
OTHER SIGNIF	R CONDITIONS, if above couse (A) CONDITION lost.	stating the				
	OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes	ar Noll 20B, IF YES, WER	E FINDINGS CONSIDERED
19A. DATE OF	WAS PER	FORMED			IN CERTIFYING C	AUSES OF DEATH?
21 A. ACCIDEN	IT WAS UNDERLYING	21 B,	PLACE OF INJURY (e.g., i	n or about 21C. WHERE D	ID (It in Boltim	ore City, give exact locotion)
	TING CAUSE OF medical examiner	hom etc.	ie, tarm, factory, street, o	ffice bldg., INJURY OCCU	I R?	
)				215 110 11 7 11	NILLIAN A COURT	
OF INJURY	(Manth) (Doy) (Year)		INJURY OCCURRED  Ile At Not While		D INJURY OCCUR?	
(APPROX.)		Wo			1	1
22. 1 certify	that (1) (this hospita	I) ottended ti	he deceased from	1/17	19 <b>56</b> to	6/18/19 70
	lost sow the decease		3/11	1 1970 01		pinion death occurred on the c
		×	Swal Carlo Carlo	- L		F
23A. SIGNATUI		ied opove (I	) (We) (did) (did not)	new the body offer de	otn.	23B, DATE SIGNED /
2371 370114701	(11)	N. T.	A. M.D. AH	ending Med.	Stoff -	19
00.0	Juna	1 min	Phy	s. Director	Phy s.	8/1/10
PHYSICIAN NAME (T		ROLL	VAN 100	23D. ADDRESS		1
	XI O BLADI	CALLY	NON UR M.D.	3600 Park	Heights Ave	
	MATION, 248. DATE	24C. N	AME of CEMETERY of CRI			City, town, or county) (State
Removal (S		70 3	XXXXXXXXX Si	umter	9 0	
	BY HEALTH DEPT.	258 NAME	dimina oci	25C. FUNERAL DIRE	S.C.	ADDRESS
1100 - 400	m ?Bes E	Jaben A	(2)			
150-REV. 1/1/6	الم يمودية الم			IT-T-BLOM	100 Son-123-1	W. Montgomery St



DIRECTOR:

FUNERAL

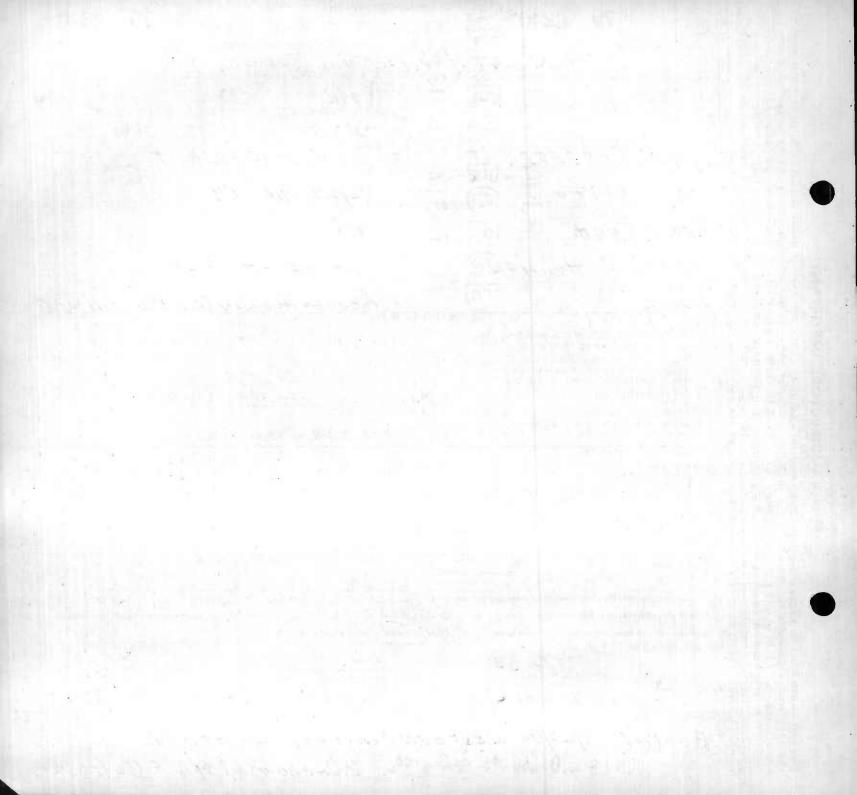
NO

Hours

If Under 24 Hrs.

VS 150-REV. 1/1/6B

(City, town, or county)



TRIH NO.			CERTIFICA	0. 0.					
NAME OF DECE					1	D HOUR OF DE			20 5
		AROL				e 16, 19			.30 P.
. PLACE IN BALT	IMORE, MARYLAND, WH	IERE PROI	NOUNCED DEAD	A. STATE	B. COUN	re deceased lived	. It institutio	n: residence	before odmissio
TULL NAME OF	(IF NOT IN HOSPITAL	L OR INS	TITUTION, GIVE STREET	Mary		- 0		70	2/
IOSPITAL OR	ADDRESS OR LOCAT	IION)		C. CITY OR TOW			INSIDE CIT		
CA HO	ouse in The	Pin	00			21218	YES	X	10
411	837 Belair		OB	E. STREET AND		.0. 2 5			
				_		rford Ro			
-			ED A NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years lost birthdoy)	Moni	nder 1 Yr. ths: Doys 1	If Under 24 H Hours   Min.
r'emale	***************************************	WIDOW		May 18.		86			
	IPATION (Give kind of work) vorking life, even if retired)	OB. KIND	OF BUSINESS OR INDUSTR				12.0		VHAT COUNT
Housewil	_			Baltim	ore Mo	i.		US	A
FATHER'S NAM				14. MOTHER'S	MAIDEN NA	ME			
William	G. Dittus			Fenni	e P I	atchtel			
	Ever in U. S. Armed Force	es?	1 6. SOCIAL	17. INFORMANT		er och pel	-	ADDRES	S
	(If yes, give wor or dotes	of servic	e) SECURITY NO.	Charles		mermen	(Hush		
no			214-01-9489	2514 Ha					1218
18.43	3.94225	0.9	CAUSE OF DEA	TH				APPROX	MATETATERVA
	E OR CONDITION DIRE	CTLY			-/	111	,	11	,
	LEADING TO DEATH	Lat.	(A) IMMEDIATE CA		u cu	abril 1 h	andone	700	eys.
	ol mean the made al a asthenia, etc. Il means Il			S A CONSEQUENCE	OF:				0
injury or com	plication which caused d	death.)			_				
Δ.				0	1				
	INTECEDENT CAUSES		( Tens	relied (	Leteria	chuni		Gean	_
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DISEASES O	R CONDITIONS, if or above couse (A)		lhe	s A CONSEQUENCE	Interior	rhun'	***************************************	Gen	
DISEASES O	R CONDITIONS, if or above couse (A) s CONDITION last.		9	is a consequence	Interior	eluni.		Gean	<u> </u>
DISEASES O	R CONDITIONS, if or above couse (A) so CONDITION last.	sloling	(C)	s a consequence	arterio E OF:	relumi.		Gean	•
DISEASES O	R CONDITIONS, if or above couse (A) so CONDITION last.  II  ICANT CONDITIONS CON H BUT NOT RELATED TO THE	Stoling  ITRIBUTIN E TERMIN	(c)	s a consequence	Chine Pulmone	ochumi Jihmi		Gean Gean	
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DISEASES O nise to the UNDERLYING OTHER SIGNIFI TO THE DEATH DISEASE OR CO	R CONDITIONS, if or above couse (A) so CONDITION last.  II  ICANT CONDITIONS CON H BUT NOT RELATED TO THE	ITRIBUTINE TERMINAL (A).	IG Distitution Hall Congress H	melitur 20 A. AUTOPS	Chine Pulmone	20B. IF YES, VIN CERTIFYING	VERE FINDING CAUSES C	Gen Gen GS CONSID DF DEATH?	ERED
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DISEASES O nise to the UN DERLYING OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19 A. DATE OF 21 A. A CCIDEN OR CONTRIBU DEATH (notify) 21 D. TIME	R CONDITIONS, if or obove couse (A) is condition last.	Stoling  ITRIBUTIN E TERMIN 1 (A). DITION FO	OR WHICH OPERATION  218. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	20A. AUTOPS  20A. AUTOPS  in or obout 21C. W office bldg., INJURY	Polimons Y? (Yes or No HERE DID OCCUR?	IN CERTIFYING	CAUSES	OF DEATH?	
DISEASES OF THE UNDERLYING  OTHER SIGNIFITOTHE DEATH DISEASE OF CO 19 A. DATE OF  21 A. A CCIDEN OR CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.)	R CONDITIONS, if or above couse (A) so condition last.  II ICANT CONDITIONS CON H BUT NOT RELATED TO THE ONLY OPERATION 1798. COND WAS PERFOUND 1798. COND WAS PERFOUND CAUSE OF medical examiner)	ITRIBUTINE TERMIN 1 (A).	CC)	20A. AUTOPS  20A. AUTOPS  in or obout 21C. W office bldg., INJURY	Chrose Pulmones Y? (Yes or No HERE DID OCCUR?	(If in Bo	CAUSES	OF DEATH?	
DISEASES O ise to the UNDERLYING  OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF OR CONTRIBU DEATH (notify)  21D. TIME OF INJURY (APPROX.)	R CONDITIONS, if or obove couse (A) so condition last.  II  ICANT CONDITIONS CON H BUT NOT RELATED TO THE DODITION GIVEN IN PART OPERATION 19B. COND WAS PERFORMATING CAUSE OF medical examiner)  (Month) (Doy) (Year)	ITRIBUTINE E TERMIN. 1 (A). DITION FO DRMED  (Hour)	CC)	20A. AUTOPS  20A. AUTOPS  in or obout 21C. W office bldg., INJURY  21F. HC	Pulmanes Y? (Yes or No HERE DID OCCUR?	(If in Bo	CAUSES C	give exact lo	(19 )
DISEASES O nise to the UN DERLYING  OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (aux.)	R CONDITIONS, if or above couse (A) so condition last.  II  CANTCONDITIONS CON H BUT NOT RELATED TO THE DONDITION GIVEN IN PART OPERATION 198. COND WAS PERFORM (Month) (Doy) (Yeor)  that (1) (this hopping)  Italy as we the deceased	ITRIBUTIN E TERMIN 1 (A). 1 (Hour)  attende	CC)	20A. AUTOPS:    20A. AUTOPS:   21A. Woodfice bidg., INJURY   21F. Ho	Polymones Y? (Yes or No HERE DID OCCUR?  DW DID INJ and the	(If in Bo	CAUSES C	give exact lo	cotion)
DISEASES O rise to the UN DERLYIN G  OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (nohify) 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (aux.)	R CONDITIONS, if or above couse (A) so condition last.  II  CANTCONDITIONS CON H BUT NOT RELATED TO THE DONDITION GIVEN IN PART OPERATION 198. COND WAS PERFORM (Month) (Doy) (Yeor)  that (1) (this hopping)  Italy as we the deceased	ITRIBUTIN E TERMIN 1 (A). 1 (Hour)  attende	CC)	20A. AUTOPS:    20A. AUTOPS:   21A. Woodfice bidg., INJURY   21F. Ho	Polymones Y? (Yes or No HERE DID OCCUR?  DW DID INJ and the	(If in Bo	lltimore City,	give exact lo	19 20 red an the c
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DISEASES O nise to the UN DERLYIN G  OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19 A. DATE OF  21 A. A CCIDEN OR CONTRIBU DEATH (notify) 21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (ame) and haur and	R CONDITIONS, if or above couse (A) so condition last.  II ICANT CONDITIONS CON H BUT NOT RELATED TO THE ONDITION GIVEN IN PART OPERATION 1995. COND WAS PERFOUND TO CAUSE OF medical examiner)  (Month) (Day) (Year)  that (1) (Air Lagran)  last saw the deceased fram the causes state RE.	ITRIBUTINE TERMIN 1 (A)	CC)	20A. AUTOPS:  , in or obout 21 C. W office bldg., INJURY  21 F. HC wiew the bady a	Polymones Y? (Yes or No HERE DID OCCUR?  DW DID INJ and the	(If in Bo	oltimore City,  apinian c	give exact lo	19 20 red an the d
DISEASES O nise to the UN DERLYING  OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF  21A. A CCIDEN OR CONTRIBU DEATH (nohify 21D. TIME OF INJURY (A PPROX.)  22. I certify that (I) (ame) and haur and 23A. SIGNATU	R CONDITIONS, if or above couse (A) so condition last.  II  CANT CONDITION S CON H BUT NOT RELATED TO THE ONDITION GIVEN IN PART OPERATION 198, COND WAS PERFOUNT WAS UNDERLYING CAUSE OF medicol exominer)  (Month) (Doy) (Year)  that (I) (this lamps of the causes state of the causes state of the causes state of the couses of the causes state of the causes state of the causes state of the causes state of the causes of the causes state of the causes state of the causes of the cause of the causes of the cause	ITRIBUTINE TERMIN 1 (A)	OR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)  21E. INJURY OCCURRED  While At Not Will work At Work  d the deceased fram  (I) (W) (did) (did nat)	20A. AUTOPS:  , in or obout 21 C. W office bldg., INJURY  21 F. HC wiew the bady a	Y? (Yes or No	URY OCCUR?	lltimore City,	give exact lo	19 20 red an the d
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DISEASES ON THE SIGNIFITO THE DEATH OF THE D	R CONDITIONS, if or above couse (A) so condition last.  II  CANT CONDITION S CON H BUT NOT RELATED TO THE DONDITION GIVEN IN PART OPERATION 198, COND WAS PERFOUND (Month) (Doy) (Yeor)  IT WAS UNDERLYING (Month) (Doy) (Yeor)  that (1) (In the part of the couses state of the couses state of the couses state of the couses state of the couses of the couse of t	ITRIBUTING ETERMIN 1 (A).  (Hour)  attended alive a ed abave	CC)  CR WHICH OPERATION  21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)  21E. INJURY OCCURRED  While At Not Will Work At Work  d the deceased fram  (I) (Wa) (did) (did nat)  DEGREE  M. D.	20A. AUTOPS  20A. AUTOPS  21F. Ho  22F. Ho  23D. Address  4900 Be	Polymans Y? (Yes or No HERE DID OCCUR?  OW DID INJ  and the fiter death.  ed.  ed.  elair	URY OCCUR?  19 6 ta at in (my) (aus	apinian of 23B. I  Ju  imore	ove exact lo	19 20 red an the d
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DISEASES O  nise to the UN DERLYING  OTHER SIGNIFI TO THE DEATH DISEASE OR CO  199A. DATE OF  21A. ACCIDEN OR CONTRIBU DEATH (nohify)  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (	R CONDITIONS, if or above couse (A) so above couse (A) so condition last.  II ICANT CONDITION IN CONHIBUT NOT RELATED TO THE ONLY NOT RELATED TO THE ONLY NOT SELECT OF MASS PERFORMANCE O	ITRIBUTING ETERMIN 1 (A).  OTHER ETERMIN 1 (A).  OTHER ETERMIN 1 (A).  OTHER ETERMIN 1 (A).  OTHER ETERMIN 1 (A).	CC)	20A. AUTOPS  20A. AUTOPS  20A. AUTOPS  21F. HO  21F. HO  21F. HO  21F. HO  21F. HO  22F. HO  23D. ADDRESS  4900 BE  REMATORY  25C. FUNERA	V? (Yes or No.)  HERE DID OCCUR?  OW DID INJ  and the free death.  ed. irector   24D. L  EL DIRECTOR	IN CERTIFYING  (If in Bo  URY OCCUR?  19	apinian c  23B. I  Ju  imore  (City, tow	give exact lo	19 20 red an the co

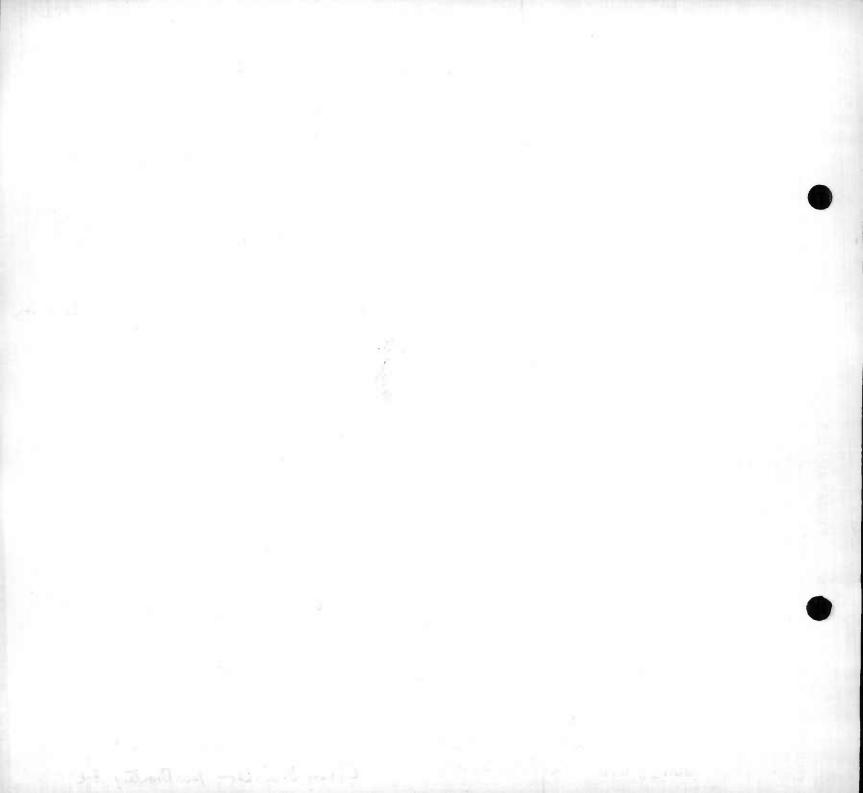
- 10 F BOOTS . A SHIPLE OF the state of the s 

13	mo		BALTIMORE CITY	HEALTH DEPARTMENT		70	COAS	
(-3	552 70	6242	CERTIFICA	TE OF DEATH	REG. NO	10	624%	w/
BIRTH NO.	DECEACED				D HOUR OF DEATH			
1. NAME OF (Type or Print)	DECEASED							
	CUNNINGH	AM, Willi	am		17, 1970			a. M.
3. PLACE IN	BALTIMORE, MARYLAN	D, WHERE PRONOU	CED DEAD	4. USUAL RESIDENCE (When	e deceosed lived. If in		ence before o	dmission)
FULL NAME	OF (IF NOT IN HO	SPITAL OR INSTITU	TON. GIVE STREET	Maryland	200	o o hall	60	4
HOSPITAL OF	A DDRESS OR	LOCATION)		C. CITY OR TOWN	D. INSI	DE CITY LIMIT	5?	
122				Baltimore		YES XX	No	
1.0				E. STREET AND NUMBER				
The J	ohns Hopki	ns Hospit	al	408 N. Wash	ington Str	reet		
5. SEX	6. RACE	7. MARRIED	MNEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1	Yr. If Unde	r 24 Hrs.
Male	Negro	WIDOWED		4/25/86	lost birthdoy) 84	Months Do	ys Hours	Min.
IOA, USUAL C	CCUPATION Give kind o			11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN	OF WHAT	OUNTRY?
done during mo	st of working lite, even if ret	red)		10.110	. 1	1	104	
	1966	4xx		I with Co	wolnes	10.	8/4	
13. FATHER'S	NAME			14. MOTHER'S MAIDEN NAM	1 0			
Duble	y Cunningh	am		Maggie W	leve.			
15. Was Dece	ased Ever in U. S. Arme	d Forces?	6. SOCIAL	17. INFORMANT		A	DDRESS	2
(103,110 01 011)	hen	00103 01 30141007	SECURITY NO.	Ban a	/ 1100	1.	Ko	
120	10		CAUSE OF DEATH	Journe.	connucy	raun	PPROXIMATE IN	TERVAL
18. 14	66.01		CAUSE OF DEATE		1		WEEN ONSET A	
DI	SEASE OR CONDITION LEADING TO DE			0				
(Th:			(A) IMMEDIATE CAU	SE PULMONARY	embousty			
	es nal mean the mad ure, osthenio, etc. It m		DUE TO, OR AS A	CONSEQUENCE OF:				
	complication which ca			^				
	ANTECEDENT CA	USES		a (1) TENSULAR	PACIA			
DISEASE	S OR CONDITIONS,	it any styles	(B)DUE TO, OR AS		<u> </u>			
	The above couse		DOE 10, OK 110	. Contragrence or.				
	YING CONDITION las		(c)					
	11							
O OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING						
TO THE	DEATH BUT NOT RELATED	TO THE TERMINAL						
	OR CONDITION GIVEN IN E OF OPERATION 198.	CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE I	FINDINGS CO	NSIDERED	
D 19A. DAT		PERFORMED			IN CERTIFYING CA	USES OF DEA	ATH?	
ш	CIDENT WAS UNDERLYI	NG   218 I	LACE OF INITIBY (a.g. in	or obout 21C. WHERE DID	//f := 0 = 4:====	- Chu alua a	and Innation	
OR CON	RIBUTING CAUSE OF	home	, form, foctory, street, of	ice bldg., INJURY OCCUR?	(if in Editimor	e City, give e	Kocr locotion)	
DEATH (	notify medical examiner	etc.)						
21D. TIMI	E (Month) (Doy) (	Year) (Hour) 21E.	NJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
S OF INJUI	RY	While						
(APPROX.)		Work	At Work					
22. 1 cer	tify that (1) (this has	pital) attended the	deceased from	6 14	1970 to	6/17	19	,70
that (1) (	we) last saw the dec	eased alive an	6/17	19 70 and th	at in(my) (aur) api	nian death	accurred on	the date
					ar many abi	indii deciii (	acconted un	THE GATE
	11	states above. (1)	(We) (did) (did nat) v	iew the bady after death.				
23A. SIGN	IATURE	101				23B. DATE	IGNED	
	انداله	/ CI MILE	Phys	nding Med.	Staff Phys.	61	18/70	
23C.PHYS	ICIAN'S	Lacond	DECKEE	3D. ADDRESS	,		0170	
NAM	AE (Type)	U		The Johns H	onking Ho	enital		
	DAVID				_			
24A. BURIAL REMOV	CREMATION, 248. DAT	E 24C.NA	ME of CEMETERY of CRE	MATORY 1 24D. L	OCATION (C)	ty, town, or c	o untyl)	(Stote)
Bul	1118 1-3	1201 13	10h Mut	Broke 11	WILL	m	V	
25A. DATE R	EC'D BY HEALTH DEPT.	25B, NAME OI	REGISTRAR	25C FUNERAL PIRECTOR	1110		ADDRESS	
11 IN				691.1.	110 B	11	1.11	
VS 150-REV.		Bert E. Jarbe	y KA	CUMUNDO	MULL	MILER	10	-
	17.17.00		7					

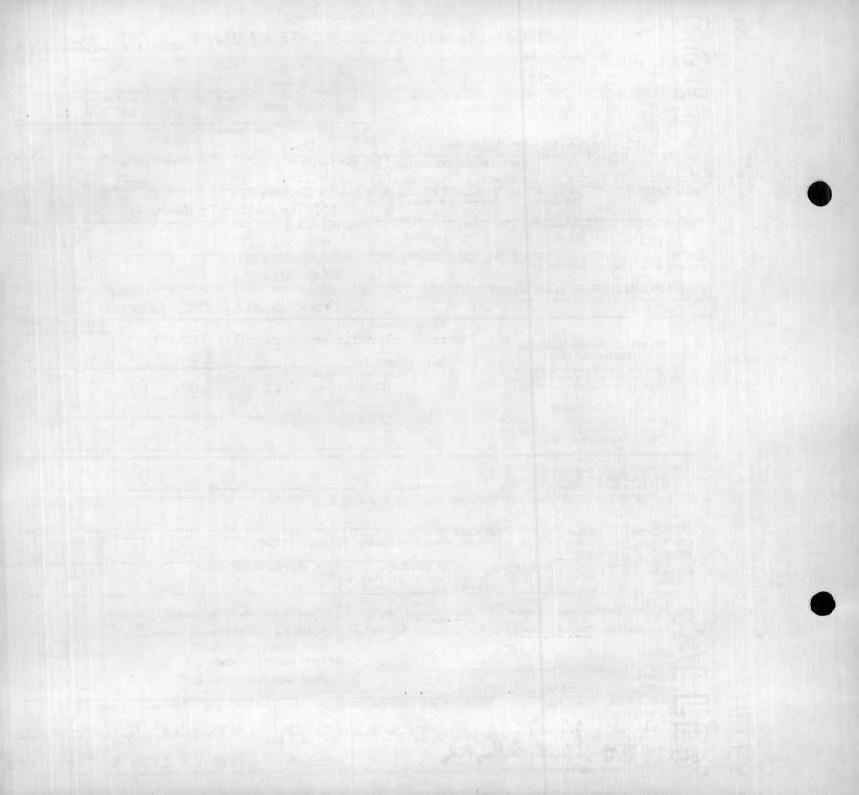
PULLMOUTHS ESHRICUSING. ALCO THENNER POPULA

or who was no

DIRECTOR:

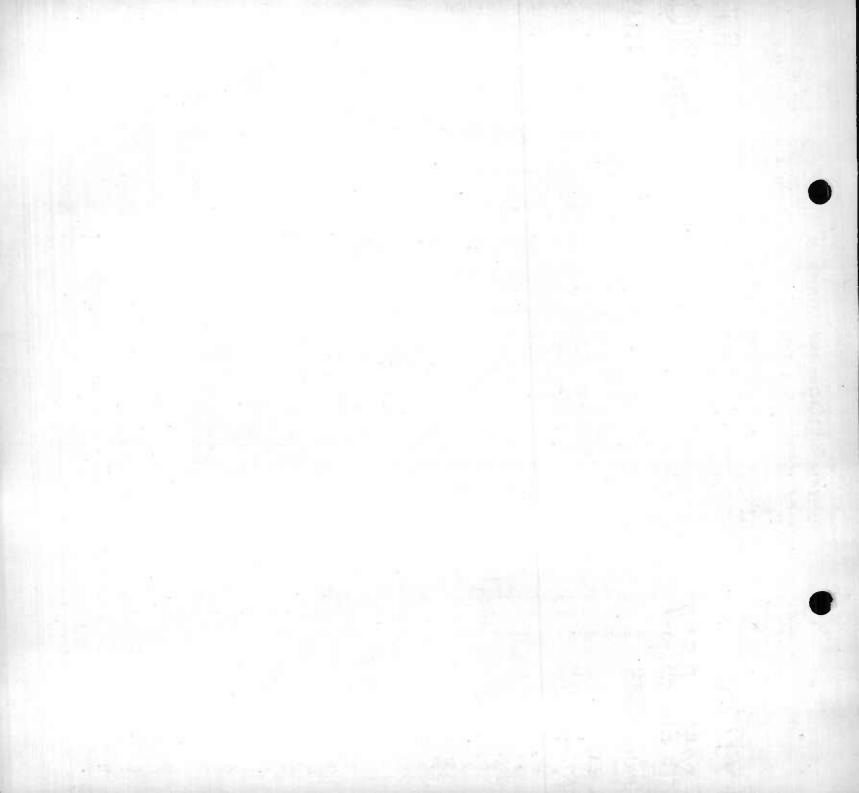


11 124	A	6244								
H-638	ME ME	DICA	EXAMINER'S	CERTIFIC	CATE	OF DEA	TH PEG NO	70	2244	
BIRTH NO.										
(Type or Print)	FANNY ART	TS		2. DATE OF	Known	☐ Month	Doy	Year	Hnur	
4. PLACE IN BALTI			RONOUNCED DEAD	DEATH 3. DATE	Estimon	Month	Dov	Year	Hour.	М.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSE ADDRESS OR LO	PITAL OR INS	TITUTION, GIVE STREET		INCED DE	AD 6	14	1970	7:05	P. <sub>M.</sub>
	.0 Awchent			A. STATE	Md.	(Where deceased	B. COUNTY	on: residence b	30	ssion)
6. SEX 7	. RACE	B. MARI	RIED NEVER MARRIED	C. CITY OR			D. INSIDE	CITY LIMITS?		
Female	Negro	WIDOV			alto.			YES	NO 🗆	
9. DATE OF BIRTH	last birth 83	(In years day)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.			hentorol	y Terrac	e		
Virgin	ie ar foreign country	)	U WHAT COUNTRY?	13. FATHER	S NAME			?		
done during most of wor	ATION (Give kind al wo rking life, even if retired	rk 14B. KINE	OF BUSINESS OR INDUSTRY	15. MOTHER Anni		N NAME Lggs				
16. WAS DECEASED	EVER IN U.S. ARM	ED FORCES		18. INFORM		00	-	DDRESS		
(Yes, no or unknown)	t yes, give war ar dak	es of service	SECURITY NO.	Mr Lu	ke S	Smith, 2			St	
19.	ed.		CAUSE OF DEA	TH				API	ROXIMATE IN	
DISEASE	OR CONDITION DI	PECTIV	Arterioscle	rotic c	ardiov	ascular	disease	SEIWI	EN ONSET A	ND DEATH
	ADING TO DEATH	CECILI	4.411414504450	11100						
(This does not	mean the made of	dying, e.g.,	(A)IMMEDIATE C	S A CONSEQU	IENCE OF					
injury ar campl	sthenia, etc. It means t lication which coused o	he disease, leoth.)		W A COMOLOG						
					•	,				
DISEASES OF	ECEDENT CAUSES	MV CIVILIC	(B)	AS A CONSEC	HENCE OF					
RISE TO THE	CONDITIONS, IF ALL ABOVE CAUSE (A) ST. CONDITION LAST.	TATING THE	DUE 10, OK 2	AS A CUNSEL	DENCE OF	*		-		
Z	CONDITION LAST.		(c)							
5	II .				144					
LI DISEASE OR CO	ICANT CONDITIONS H BUT NOT RELATED TO ONDITION GIVEN IN	PART I (A)								
20A. DATE OF C	OPERATION 208. CO	NOITION	FOR WHICH OPERATION WA	S PERFORMI	D			21. AUTOF	SY? (Yes o	r No)
								no		
22A. EXTERNA UNDERLYING UTING □ CAUS			22B. PLACE OF INJURY (e.g., home, farm, lactory, street, office	in ar about 22 bldg., etc.) IN	C. WHERE	DID (II in Baltim	ore City, give ex	act location)	-	
		ar) (Hou	) 22E.INJURY OCCURRED	22	F. HOW D	ID INJURY OCC	UR?			
(APPROX.)			m. WHILE AT NOT	WHILE						- 8
23.			HIS WORK AT W	OKK LJ						
1 certify	that I held on	Inquiry [	Inspection 🛭 Aut	opsy 🗌	and that	on this basis	, death in my	opinion		
resulted	from: Natural ca	uses X	Accident Suicid	• Hor	nicide 🗀		ined manner			
		2/	- 1	C	HIEF MEDI	CAL EXAMINER				
ACTUAL	6	118-	wher			ICAL EXAMINER	1 100	1	PATE SIGN	1ED
EXAMINER	'S		M.D.			ICAL EXAMINER	=			
NAME (Typ	e) Russe	11 S.	Fisher, M.D.	73300	MED!	IONE EXPONITACK		(	5-15-7	0
24A. BURIAL CREMA REMOVAL (Specify)	TION, 248. DATE		24C. NAME of CEMETERY	F CREMATOR	RY	24D. LOCATION	(City, taw	n, or county)	(Stat	le)
Burial	6/20		Mt Auburr	1 Ceme	etrv	Balt	imore	M		
25A. DATE REC'D BY	HEALTH DEPT.	0 25B N	AME OF REGISTRAR		JNERAL D	RECTOR		DDRESS		
JUN 19 T	الله الله	C. 407	264 764	Add	ol phu	s Halst	ead 120	06 W	North	n A ==
VS 151-REV. 1/1/68							Cuu 12.	30 H	01 01	TAV



FUNERAL DIRECTOR:

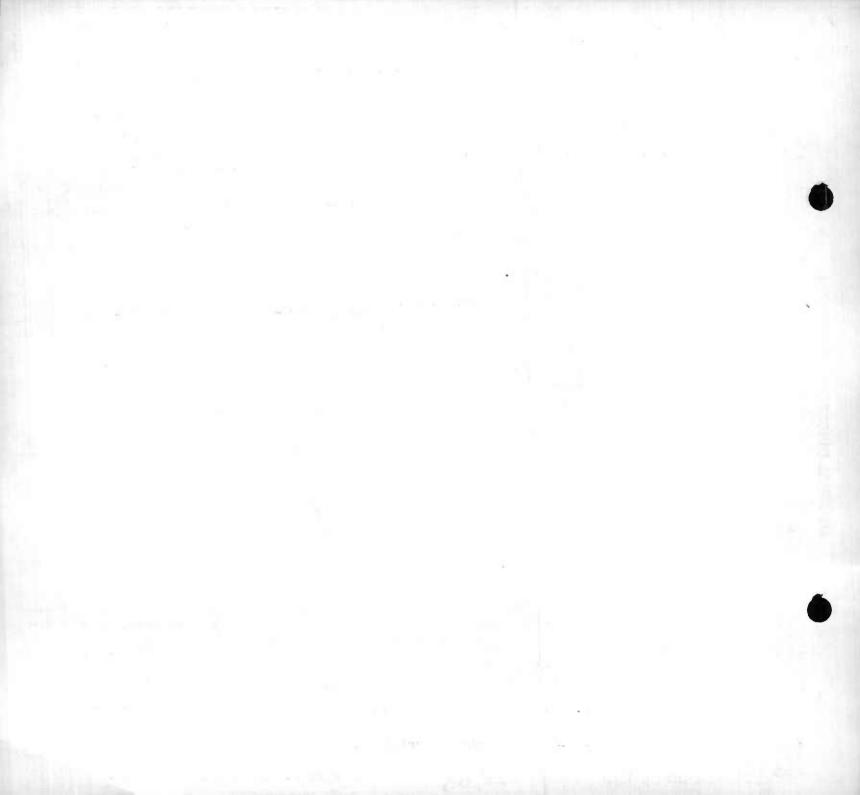
VS 150-REV. 1/1/6B



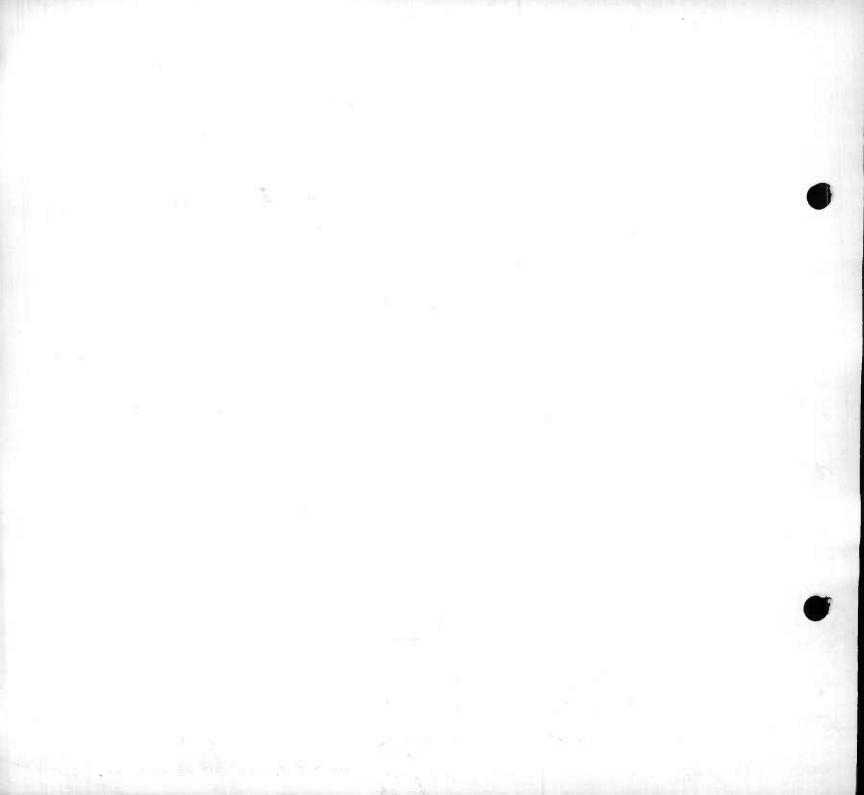
DIRECTOR:



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DIRECTOR:

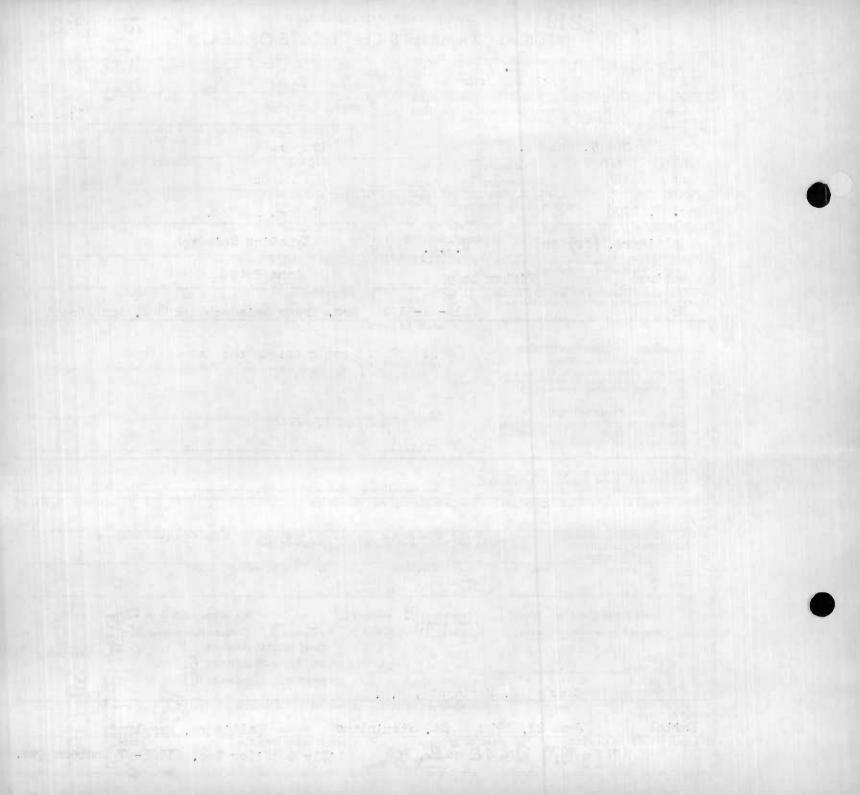


## BALTIMORE CITY HEALTH DEPARTMENT

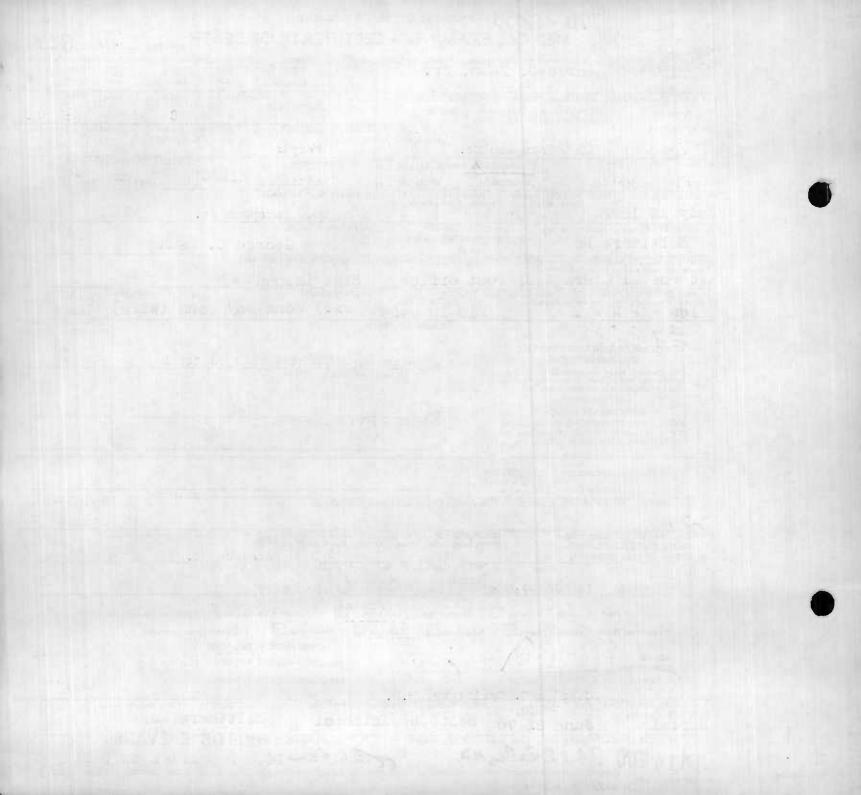
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MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH.
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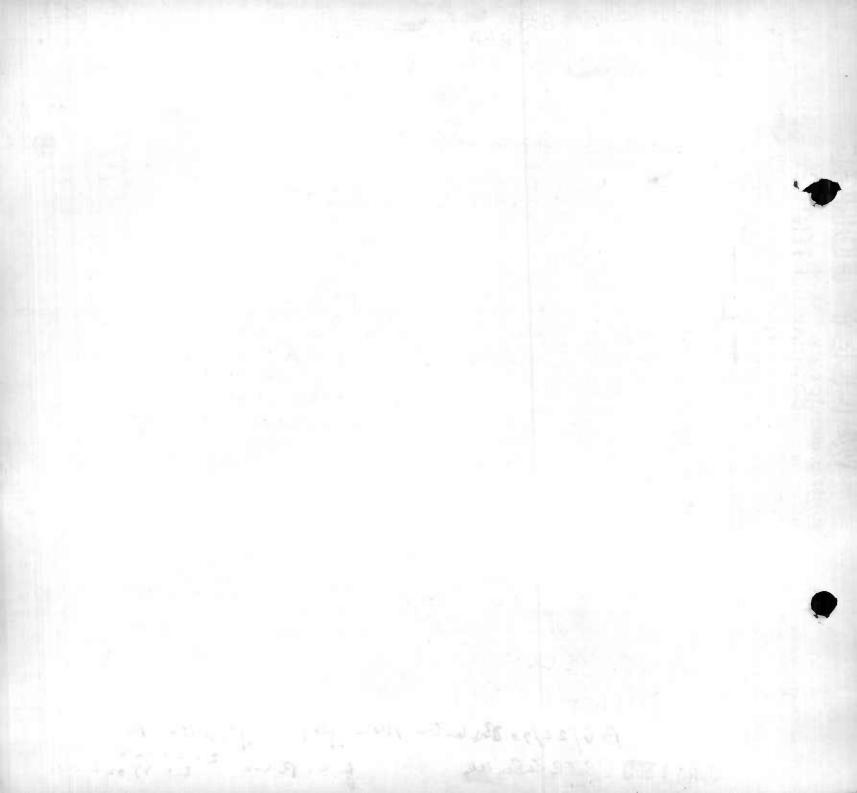
BIRTH NO.					KEG. IVC	·	
1. NAME OF DECEASED (Type or Print) Ignatius S	niadach	2. DATE OF DEATH	Known 🖺	Month	Doy	Yeor	Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	3. DATE		Month	Day	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION)  OR INSTITUTION	STITUTION, GIVE STREET		UNCED DEAD	6	18	70	2:15 a. M.
208 <b>S.</b> Ann St.		A STATE	ESIDENCE (When Maryland	e deceased II.	B. COUNTY		2.02
6. SEX 7. RACE B. MAR	RIED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE	CITY LIMITS?	
male white wipo	WED DIVORCED		Baltimor	е		YES 🗌	No 🗆
P. DATE OF BIRTH Dec. 8, 1906  10.AGE (In yeors lost birthdoy) 63	If Under 1 Yr. If Under 24 Hrs. Months : Days : Hours : Min.	E. STREET	208 S. A	nn St.			
Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY?	13. FATHER	Ignatius		ach		
14A.USUAL OCCUPATION (Give kind of work) 14B. KIN done during most of working life, even if retired) Retired Fish	or Body	15. MOTHE	Anna K	ME 1tz			
IA WAS DECEASED EVER IN U.S. ARMED FORCE	SZ 117, SOCIAL	18. INFOR			10 1 10	ADDRESS	
(Yes, no or unknown) (If yes, give wor or dotes of service)	216-01-5192	Mrs.	Irene Sn	adach	208	S. Ann	Street
19.	CAUSE OF DEA					\ A	PPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	A made on ad an o	1 - m - t-	ia saudis		m dia.	1	WEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE C		ic cardio	vascula	ir drse	ase	
(This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease,	DUE TO, OR	AS A CONSEC	UENCE OF:				
Injury or complication which coused death.)							
ANTECEDENT CAUSES	(B)						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO, OR	AS A CONSE	QUENCE OF:				
UNDERLYING CONDITION LAST.	(d)						
	10/						
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A 20A. DATE OF OPERATION 20B. CONDITION	ITING MINAL						
20A. DATE OF OPERATION 20B. CONDITION		AS PERFORA	AED			21. AUTO	PSY? (Yes or No)
Ö						no	
ZZA EXTERNAL CAUSE WAS	22B. PLACE OF INJURY (e.g., home, furm, factory, street, offic	In or obout	2C. WHERE DID	(If in Boltimo	re City, give e	xact location)	
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	home, farm, factory, street, offic	e bldg., etc.) i	NJURY OCCUR?				
22D. TIME (Month) (Doy) (Year) (Hot	22E.INJURY OCCURRED		2F. HOW DID IN	JURY OCC	JR?		
OF INJURY (APPROX.)		WHILE U					
23.							
certify that I held an Inquiry	Inspection K Au	topsy L	and that on t	his basis,	death in m	y epinion	
resulted from Natural causes	Accident _ Suicid		omicide		ned manner	Ш	
ACTUAL ( La 10)	1		CHIEF MEDICAL	EXAMINER	=		DATE SIGNED
SIGNATURE CANON	Jaly M.D	ASSI	STANT MEDICAL	EXAMINER	K		
EXAMINER'S NAME (Type) Charles S.	Springate, M.D.		CIATE MEDICAL	EXAMINER		-	5/18/70
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY		DRY 24D.	LOCATION	(City, to	wn, or county	
REMOVAL (Specify) Burial June 22, 1				altimor		vland	
25A. DATE REC'D BY HEALTH DEPT. 258.	NAME OF REGISTRAR	25C.	FUNERAL DIRECT	OR		ADDRESS	stern Ave.
VS 151-REV. 1/1/68			7 17				



VS 151-REV. 1/1/68



DIRECTOR:

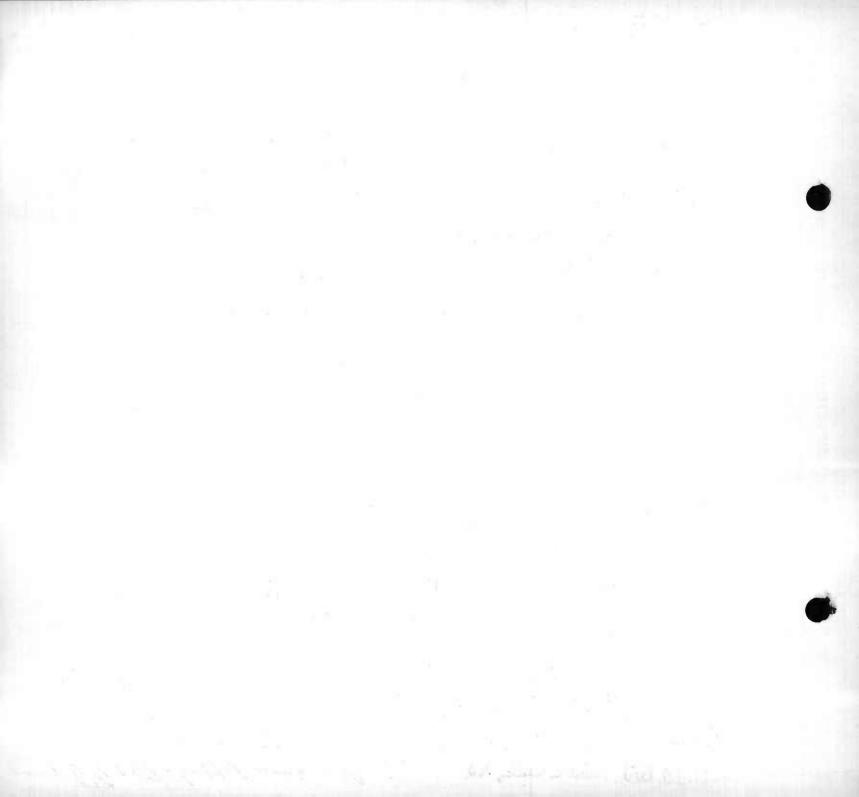


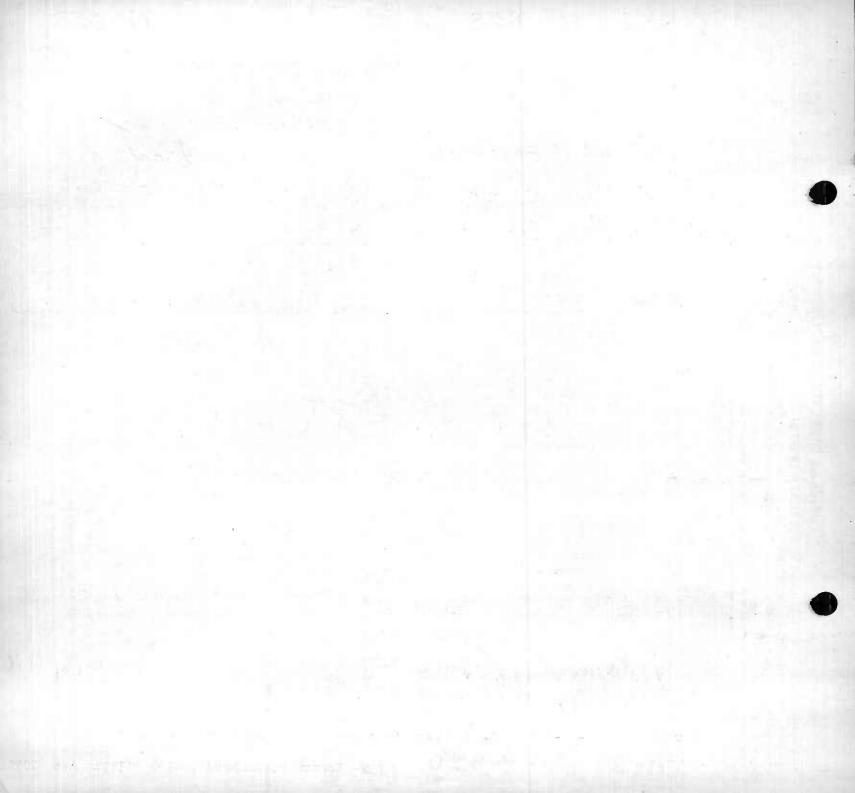
FUNERAL DIRECTOR:

I. NAME OF DECE	ASED		OLK THE C	ATE OF DEATH			
Tunn on Direct	armer, Geor	rge		2. DATE AND	HOUR OF DEATH	2:20 P	
	IMORE MARYLAND,		OUNCED DEAD		deceased lived. II	institution: residence belore odmi	
FULL NAME OF HOSPITAL OR INSTITUTION			TITUTION, GIVE STREET	Maryland C. CITY OR TOWN		SIDE CITY LIMITS?	
	Provident	-		Baltimore	D. 114	YEST NO	
29	1514 Divi			E. STREET AND NUMBER			
S. SEX	Baltimore		land 21217		n Ave.		
Male	Nergo	WIDOWE		May 6-1902	AGE (In yours jest birthdoy)	Months Doys Hours	
OA, USUAL OCCU	PATION (Give kind of wo orking life, even if retired)	ork 108, KIND	OF BUSINESS OR INDUST	RY 11. BIRTHPEACE (Stote or loreig	n country)	12. CITIZEN OF WHAT COU	
None				N. C.		U.S.A.	
3. FATHER'S NAM				14. MOTHER'S MAIDEN NAM			
ISAM	FRRM	070		DANCAS 6	PLAND		
5. Was Deceased fas, no or unknown)	Ever in U. S. Armed Fo (II yes, give war af do	orces? los of service!	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
NO		900		Mrs. Columbia	Famer-Wi	fe Same	
18,- 1-61	W.W.		CAUSE OF DEA	ATH COTUMBLE	Tomor Wa	APPROXIMATE INTER	
	OR CONDITION D			18 001	0 0	BETWEEN ONSET AND	
	EADING TO DEATH f mean the mode o		(A) IMMEDIATE C		alan lecus	but 6.10.70	
hearf failure, a	sthenia, etc. If mean	s the diseas		AS A CONSEQUENCE OF:			
	injury at complication which caused death.)						
	NTECEDENT CAUSE	2		- 0 . 11 1 .	,		
			(B) arter	iosclorais Hypor	tousing C	RD 100124	
DISEASES OF	CONDITIONS, if	any, givin	g (B) arter	AS A CONSEQUENCE OF:	touring C	RD 10012 4	
nse to the	CONDITIONS, if above cause (A) CONDITION last,	any, givin	g (B) (ATT) DUE 10, OR	AS A CONSEQUENCE OF:	tanonie C	RD 10012 4	
nse to the	above cause (A)	any, givin	0	AS A CONSEQUENCE OF: 1/67	tanowie C	RD 10012 4	
inse to the UNDERLYING	above cause (A) CONDITION last.  II CANT CONDITIONS CO	any, givin stating th	e (C)	ios forcis Hypor as a consequence of: Hypor	tousing C	2.RD 10012 y	
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	above cause (A) CONDITION last,  II CANT CONDITIONS CO BUT NOT RELATED TO NOTION GIVEN IN PA	any, givin slaling the DNTRIBUTING THE TERMINAL RT 1 (A).	e (C)				
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	above cause (A) CONDITION last,  II CANT CONDITIONS CO BUT NOT RELATED TO MULTION GIVEN IN PA OPERATION 178 CO WAS PE	ony, givin stating the stating the stating the state of t	(C)	20A. AUTOPSY? (Yos or No)		FINDINGS CONSIDERED	
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF C 21A. ACCIDENT OR CONTRIBUT CONTRIBUT OF	above cause (A) CONDITION last,  II CANT CONDITIONS CO BUT NOT RELATED TO MODITION GIVEN IN PA DEFRATION 1198, CO	ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR	WHICH OPERATION  B. PLACE OF INJURY (e.g. mmo, farm, foctory, sireet,	20A. AUTOPSY? (Yos or No)	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED	
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OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CO 19A. DATE OF CO 19A. DATE OF CONTRIBUTION OR CONTRIBUTION OF CONTRIB	above cause (A) CONDITION last.  IL CANT CONDITIONS CO BUT NOT RELATED TO NOTITION GIVEN IN PA OPERATION 198. COI WAS PEI WAS UNDERLYING THE CAUSE OF Inadical examines	ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR RFORMED  21 hc (Hour) 21	WHICH OPERATION  B. PLACE OF SNJURY (e.g. mo, farm, factory, street, c.)  E. SNJURY OCCURRED (hile At Not W	20A. AUTOPSY? (Yos or No) NO Nin or obout 21C. WHERE DID INJURY OCCUR?  21F. HOW DID INJUR	20B. IF YES, WERE IN CERTIFYING CA (If In Boltimo	FINDINGS CONSIDERED	
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CO 21A. ACCIDENT OR CONTRIBUT DEATH (notity of 21D. TIME OF INJURY (APPROX.)	above cause (A) CONDITION last,  II CANT CONDITIONS CO BUT NOT RELATED TO MODITION GIVEN IN PA DPERATION 178 CO WAS PEI T WAS UNDERLYING TNG CAUSE OF nodicol examines)  Manth) (Doy) (Yeen)	ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR RFORMED  21 he ct (Hour) 21	WHICH OPERATION  B. PLACE OF SNJURY (e.g. amo, form, foctory, street, c.)  E. SNJURY OCCURRED  While At	20A. AUTOPSY? (Yos or No) NO No office bidg., INJURY OCCUR?  21F. HOW DID INJURA	20B. IF YES, WERE IN CERTIFYING CA (If In Boltimo	FINDINGS CONSIDERED AUSES OF DEATH?	
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CO 19A. DATE OF CO 19A. DATE OF CO 19A. DATE OF MIJURY (APPROX.)  22. I certify to the control of the	above cause (A) CONDITION last.  II CANT CONDITIONS CO BUT NOT RELATED TO NOTITION GIVEN IN PA OPERATION 198. COI WAS PEI WAS UNDERLYING THAS	ONTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR (Hour) 21 W W	WHICH OPERATION  B. PLACE OF INJURY (e.g. imo, farm, factory, street, c.)  E. INJURY OCCURRED  Thile At At Wo At Wo the deceased fram	20A. AUTOPSY? (Yos or No) NO No in or obout 21C, WHERE DID office bfdg., INJURY OCCUR?  21F. HOW DfD INJURANCE IN INJURY OCCUR?	20B, IF YES, WERE IN CERTIFYING CA (If In Boltimo	FINDINGS CONSIDERED AUSES OF DEATH?  TO City, give exoct locotion)	
OTHER SIGNIFIC TO THE DESCRIPTION OF THE DESCRIPTIO	above cause (A) CONDITION last.  IL CANT CONDITIONS CO BUT NOT RELATED TO NOTITION GIVEN IN PA OPERATION 198 CO) WAS PEI TWAS UNDERLYING 110 CAUSE OF nodicol examined  Manth) (Doy) (Year) that (I) (this hospital	ONTRIBUTING THE TERMINAL RT 1 (A). NOTHON FOR RFORMED  (Hour) 21 W W atl) attended ed all ve an.	WHICH OPERATION  B. PLACE OF INJURY (e.g. mmo, farm, factory, street, c.l.)  E. INJURY OCCURRED Not Work  At Wo the deceased from 6.16-70	20A. AUTOPSY? (Yos or No)  NO  In or obout 21C, WHERE DID  office bidg., INJURY OCCUR?  21F. HOW DID INJUR  ik  -10-7-  19  and that	20B, IF YES, WERE IN CERTIFYING CA (If In Boltimo	FINDINGS CONSIDERED AUSES OF DEATH?	
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OTHER SIGNIFIC TO THE DEATH DISEASE OR CO. 19A. DATE OF CO. 21A. ACCIDENT DEATH (notity r. 21D. TIME (APPROX.)  22. I certify that (I) (we) I	above cause (A) CONDITION last.  IL CANT CONDITIONS CO BUT NOT RELATED TO MOTITION GIVEN IN PA OPERATION 198 COI WAS PEI TWAS UNDERLYING THOSE CAUSE OF modical examines  Manth) (Doy) (Year)  hat (1) (this hospital ast saw the deceas from the causes star	ONTRIBUTING THE TERMINAL RT 1 (A). NOTHON FOR RFORMED  (Hour) 21 W W atl) attended ed all ve an.	WHICH OPERATION  B. PLACE OF SNJURY (e.g. mo, farm, factory, street, c.)  E. SNJURY OCCURRED (hile At At Wo the deceased fram 6 6 16 - 70 (I) (We) (did) (did not)	20A. AUTOPSY? (Yos or No) NO INO In or obout 21C. WHERE DID office bfdg. INJURY OCCUR?  21F. HOW DfD INJUR hile -10-7- 19 19 and that	20B, IF YES, WERE IN CERTIFYING CA (If In Boltimo RY OCCUR?	FINDINGS CONSIDERED AUSES OF DEATH?  TO City, give exact location)  16-70  Infan death accurred on the	
OTHER SIGNIFIC TO THE DEATH DISEASE OR COO 19A. DATE OF CO 19A. DATE OF CO 19A. DATE OF CO 19A. DATE OF MILES OF FINJURY (APPROX.)  22. I certify to that (I) (we) I and haur and 23A. SIGNATUR	above cause (A) CONDITION last.  II CANT CONDITIONS CO BUT NOT RELATED TO NOTIFICATED TO WAS PER WAS UNDERLYING TWAS UNDERLYIN	ONTRIBUTING THE TERMINAL RT 1 (A). NOTHON FOR RFORMED  (Hour) 21 W W atl) attended ed all ve an.	WHICH OPERATION  B. PLACE OF INJURY (e.g. mmo, farm, factory, street, c.l.)  E. INJURY OCCURRED Not Work  At Wo the deceased fram 6  6-16-70  (I) (We) (dld) (dld nat)	20A. AUTOPSY? (Yos or No) NO No in or obout 21C, WHERE DID office bfdg., INJURY OCCUR?  21F. HOW DfD INJUR hile	20B, IF YES, WERE IN CERTIFYING CA (If In Boltimo	FINDINGS CONSIDERED AUSES OF DEATH?  TO City, give exact location)  16-70  19  Infan death accurred on the	
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO. 19A. ACCIDENT OR CONTRIBUT DEATH (notify r (APPROX.)  210. TIME (APPROX.)  220. I certify that (I) (we) I and haur and	above cause (A) CONDITION last.  II CANT CONDITIONS CO BUT NOT RELATED TO NOTIFICATED TO WAS PER WAS UNDERLYING TWAS UNDERLYIN	ONTRIBUTING THE TERMINAL RT 1 (A). NOTHON FOR RFORMED  (Hour) 21 W W atl) attended ed all ve an.	WHICH OPERATION  B. PLACE OF INJURY (e.g. mmo, farm, factory, street, c.)  E. INJURY OCCURRED  White At	20A. AUTOPSY? (Yos or No) NO INO In or obout 21C. WHERE DID office bfdg. INJURY OCCUR?  21F. HOW DfD INJUR hile -10-7- 19 19 and that	208. IF YES, WERE IN CERTIFYING CA  (If In Boltimo  RY OCCUR?  to  in(my) (aur) api	FINDINGS CONSIDERED AUSES OF DEATH?  TO City, give exact location)  16-70  Infan death accurred on the  23B, DATE SIGNED  June 16, 1970	
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO. 19A. DATE OF C. 19A. DATE OF C. 21A. ACCIDENT DEATH (notity r. 21D. TIME (APPROX.)  22. I certify that (I) (we) I and haur and 23A. SIGNATUR 23C. PHYSICIAN NAME (Typ. 24A. BURIAL CREM.)	above cause (A) CONDITION last.  II CANT CONDITIONS CO BUT NOT RELATED TO NOT NOT RELATED TO WAS PE  WAS UNDERLYING TWAS UNDER	ONTRIBUTING THE TERMINAL RT 1 (A). NOTHON FOR RFORMED  (Hour) 21 W W atl) attended ed all ve an.	WHICH OPERATION  B. PLACE OF INJURY (e.g. mmo, farm, factory, street, c.)  E. INJURY OCCURRED  White At	20A. AUTOPSY? (Yos or No) NO win or obout 21C. WHERE DID office bidg. INJURY OCCUR?  21F. HOW DID INJUR hite -10-7- 19	208. IF YES, WERE IN CERTIFYING CA  (If In Boltimo  RY OCCUR?  to 6-3  In(my) (our) opl  off the bald of the bald	FINDINGS CONSIDERED AUSES OF DEATH?  TO City, give exact location)  16-70  Infan death accurred on the  23B, DATE SIGNED  June 16, 1970  timore, Md.	
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF CONTRIBUT DEATH (notify r 19A. DATE OF CONTRIBUT DEATH	above cause (A) CONDITION last.  II CANT CONDITIONS CO BUT NOT RELATED TO NOT RELATED TO WAS PE  WAS UNDERLYING TWAS UNDERLYIN	ONTRIBUTING THE TERMINAL RT 1 (A). NOTHON FOR RFORMED  (Hour) 21 W W atl) attended ed all ve an.	WHICH OPERATION  B. PLACE OF INJURY (e.g. mmo, farm, factory, street, c.l)  E. INJURY OCCURRED Not W At Wo the deceased fram 6. 16-70  (I) (We) (dld) (dld not)  A. Degree Place of Cemetery of Cemete	20A. AUTOPSY? (Yos or No)   NO   NO   NO   NO   NO   NO   NO   N	208. IF YES, WERE IN CERTIFYING CA  (If In Boltimo  RY OCCUR?  to  in(my) (aur) api  treet Balt  CATION (Ci	FINDINGS CONSIDERED AUSES OF DEATH?  TO City, give exact location)  16-70  Infan death accurred on the  23B, DATE SIGNED  June 16, 1970  timore, Md.	

Mayontes Dancas Slave I see francou

	BALTIMORE CITY HEALTH DEPARTMENT
arh sed the	BIRTH NO. 70 6254 CERTIFICATE OF DEATH REG. NO. 70 6254
S S S	1, NAME OF DECEASED (Typo or Pont)  2. DATE AND HOUR OF DEATH
5 + 9 0 4	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
osi 5)	A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
c 3	UNI. OF Maryland Hosp. BALTO YES NO D
red ir uting ed car ar att prior de.	38 112 N. Carrollon are 2/223
_ 5.8 E = 5 5	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years list Under 1 Yr., If Under 24 Hrs. Months; Doys Hours; Min.
occu ontri regura is m	WIDOWED DIVORCED 0////999 72
or condeternation	done during most of working life, even if retired)
dea t or Und as i	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
nt if death direct or c l; (4) Undet th was in on the dec disposition	Jordan Ostaton Abrah OR
2 2 2 3 -	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.
こっぱきょうらだ	SECORIT NO.
any is as	18. CAUSE OF DEATH APPROXIMATE INTERVAL
or hi Also, e of noun med	LISEASE OK CONDITION DIRECTLY
	heart failure, asthenia, etc. It means the disease.
iner. ractu	injury ar camplication which caused death.)
A A A	DISEASES OR CONDITIONS, if any, giving  (B)  DUE TO, OR AS A CONSEQUENCE OF:
3 (3) e i	rise to the above cause (A) stating the UNDERLYING CONDITION last. (C)
y dical	
4 V V 3 A	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
te chief m by a me 2) Body by re the ph physician fore the re	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISPLACED OF CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION WAS PERFORMED W
by by the thys	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
by the pital by re; (2) where No phy	ITAN Ballimore City, give exact location)
ospii ature ot wi (6) N	DEATH (notify medical examiner)  OF INJURY
W E U = .=	(APPROX.) No While AI Work While Work
the the any n care	22. I certify that (1) (this hospital) attended the deceased from 19 10 to 19 10
to of	that (1) (we) last saw the deceased alive an
ust be a based to dent of lospital death) must be	and have and from the causes stated above. (1) (We) (dld) (dld not) view the bady after death.  23A. SIGNATURE
must eleast ccide a hos to da	Attending Med. Stoff (
	23C. PHYSICIAN'S NAME (Type)
	MAKOLA V. MAKAW DEGREE U OF 1) 9 HOS P
E4000	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
This certif the body shows: (1) was D.O., deceased written a	The Contract of the Contract o
*****	JUN 19 19/1 Haber E. Harber Ma. On a harry & Stry 65 of June
	VS 150-REV. 1/1/68



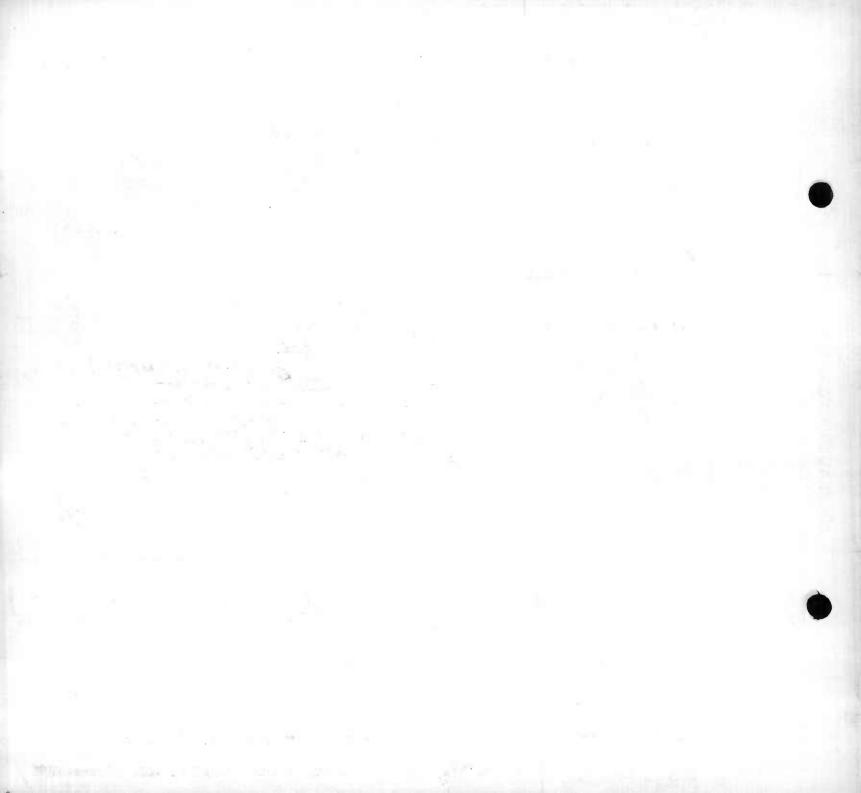


	TH NO.	SED		256 CERTIFICA		REG. NO		
	ne or Proti	LIAM M. CO	OK.		2. DATE A	NO HOUR OF DEATH	1 4/0	1
3. 1		MORE MARYLAND,		NOUNCED DEAD	4. USUAL RESIDENCE (Who	efe deceased lived, if	institution; residence before	odmissio
HO	LL NAME OF DSMTAL OR STITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR IN	STITUTION, GIVE STREET	C. CITY OR TOWN	4	SIDE CITY LIMITS?	0%
3	Bon S	ecours	Hosp	oit21	Baltimore E. STREET AND NUMBER  1311 S. (	4	YES NO	]
5. \$	SEX 6.	RACE	7. MARD	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Un	der 24 H
	M	W	WIDOW		7-9-89	lost birthdoy	Months Doys Hours	Min.
IOA.	USUAL OCCUP	ATION (Give kind of working life, even if retired)	KIND KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT	COUNT
	Retir	1	·	rucking	Wary land		U.S.A	
	FATHER'S NAME		,		14. MOTHER'S MAIDEN NA		_1	
-	MICT	ael Co	01		Fell			
5. V	Wos Deceosed/Ev	er in U. S. Armed For	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	no	, , , , , , , , , , , , , , , , , , , ,		218-30-7323	Mrs. Betty Gail	lard 1311 Ca	arey St. 2123	0
	18. / /0. 9			CAUSE OF DEAT			APPROXIMATE	
		OR CONDITION D					BEYWEEN ONSEY	AND DE
		ADING TO DEATH meen the mode of		(A)IMMEDIATE CAL	USE			
	heori failure, os	thenio, elc. Il means	s the disec	DUE TO, OR AS	A CONSEQUENCE OF:			
		calian which coused		0110	-		- 1	
- 1				10 LIE	o MT			
		TECEDENT CAUSES		(B) (U [-] F	ē M.I.	*****************		
	DISEASES OR	CONDITIONS, if	any, giv	(B) (U // F DUE TO, OR AS	C M. J.  A CONSEQUENCE OF:	*****************************		·• • • • • • • • • • • • • • • • • • •
	DISEASES OR	CONDITIONS, if	any, giv	(B) (U FF)  DUE TO, OR AS  the  (C)	E M. T.  A CONSEQUENCE OF:			
TION	DISEASES OR ise to the UNDERLYING OTHER SIGNIFICATION THE DEATH	CONDITIONS, if obave couse [A] CONDITION (ast.	ony, giv slaling ONTRIBUTION	(C)	C M. I. A CONSEQUENCE OF:	••••••••		1000000 mass
ATION	DISEASES OR rise to the UNDERLYING (  OTHER SIGNIFICA TO THE DEATH I DISEASE OR CON	CONDITIONS, if obove couse [A] CONDITION fast.	ony, giv staling  ONTRIBUTING THE TERMINA RT 1 (A).	(C)		)) 208. IF YES. WERE	FINDINGS CONSIDERED	
RTIFICATION	DISEASES OR rise to the UNDERLYING O  OTHER SIGNIFICA TO THE DEATH I DISEASE OR CON 19A. DATE OF O	CONDITIONS, if obave couse [A] CONDITION [ast.  ANT CONDITION S COBUT NOT RELATED TO TOUR PARTIES TO TOUR PARTIES OF THE PERATION 198. CONWAS PER	ONTRIBUTION THE TERMIN TO A LAIL TO	(C)	A CONSEQUENCE OF:  20A. AUTOPSY? (Yes or No	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED	
CAL CERTIFICATION	DISEASES OR rise to the UNDERLYING ( OTHER SIGNIFICATO THE DEATH I DISEASE OR CON 19A. DATE OF OTHER 21A. ACCIDENT	CONDITIONS, if obove couse [A] CONDITION lost.  II ANT CONDITION S CO BUT NOT RELATED TO T IDITION GIVEN IN PAI PERATION 19B. COM WAS PER WAS UNDERLYING	ONTRIBUTION TREATING ONTRIBUTION TREATING ONTRIBUTION FORMED	(C)	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? re City, give exoct locotion)	
DICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING (  OTHER SIGNIFICA TO THE DEATH I DISEASE OR CON 19A. DATE OF OR  21A. ACCIDENT OR CONTRIBUTION DEATH (notify me	CONDITIONS, if obove couse [A] CONDITION lost.  II ANT CONDITION S CO BUT NOT RELATED TO T IDITION GIVEN IN PAI PERATION 19B. COM WAS PER WAS UNDERLYING	ONTRIBUTINHE TERMINART 1 (A).  ONTRIBUTION FOR FORMED	IG AL  OR WHICH OPERATION  218. PLACE OF INJURY (o.g., Inhome, form, factory, street, and etc.)  218. INJURY OCCURRED	20A. AUTOPSY? (Yes or No n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If In Soliton	USES OF DEATH?	
MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING (  OTHER SIGNIFICATO THE DEATH I DISEASE OR CON 19A. DATE OF OTHER 21A. ACCIDENT OR CONTRIBUTIT DEATH (notify me	CONDITIONS, if obave couse [A) CONDITION [ast.  ANT CONDITION S COBUT NOT RELATED TO TOUTION GIVEN IN PAIDLE OF COMMAS PER WAS UNDERLYING COUSE OF edicol examiner)	ONTRIBUTION THE TERMIN RT 1 (A). NOTION FORMED	IG AL  OR WHICH OPERATION  21B. PLACE OF INJURY (o.g., Inhome, form, factory, street, alect.)	n or obout 21C. WHERE DID flice bidg., INJURY OCCUR?	(If In Soliton	USES OF DEATH?	
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MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING O  OTHER SIGNIFICA TO THE DEATH I DISEASE OR CON 19A. DATE OF OR  21A. ACCIDENT OR CONTRIBUTIF DEATH (notify me 21D. TIME IA OF INJURY IAPPROX.)  22. I certify the	CONDITIONS, if obave couse [A] CONDITION last.  II ANT CONDITION S COBUT NOT RELATED TO TODITION GIVEN IN PAIPERATION 19B. COMWAS PER WAS UNDERLYING CAUSE OF edical examined	ony, giv slaling  ONTRIBUTIN HE TERMIN RT 1 (A). NOTION FOR FORMED  (Hour)	CC)	20A. AUTOPSY? (Yes or No n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJ	(If In Solimon	re City, give exoct locotion)	9 Zo
MEDICAL CERTIFICATION	DISEASES OR mise to the UNDERLYING O  OTHER SIGNIFICA TO THE DEATH I DISEASE OR CON 19A. DATE OF OR  21A. ACCIDENT OR CONTRIBUTH DEATH (notify mo  21D. TIME OF INJURY IAPPROX.)  22. I certify the thot (1) (we) to	CONDITIONS, if obave couse [A] CONDITION [ast.  ANT CONDITION S COBUT NOT RELATED TO TODITION GIVEN IN PAIPERATION TO THE COMMAN PER COMMAN PER CAUSE OF Edicol exomines)  Anoth) (Doy) (Yeor)  Out (1) (this hospital st sow the decease [A]	ONTRIBUTIN THE TERMIN RT 1 (A). RDITION FORMED  (Hour)	IG AL  OR WHICH OPERATION  21B. PLACE OF INJURY (o.g., I home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At  Not While At Work  d the deceased from	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID flice bidg., INJURY OCCUR?  21F. HOW DID INJ	(If In Solimon	re City, give exoct locollon)	9 Zo
MEDICAL CERTIFICATION	DISEASES OR mise to the UNDERLYING ( UNDERLYING ( OTHER SIGNIFICATO THE DEATH I DISEASE OR CON 19A. DATE OF OTHER 21A. ACCIDENT OR CONTRIBUTION DEATH (notify mo 21D. TIME OF INJURY 1APPROX.)  22. I certify the thot (1) (we) to ond hour ond fr 23A. SIGNATURE	CONDITIONS, if obave couse [A] CONDITION last.  II ANT CONDITION S COBUT NOT RELATED TO TODITION GIVEN IN PAIPERATION 198. COMMAS PER WAS UNDERLYING CAUSE OF edical examines)  Anoth) (Day) (Year)  at (1) (this hospital st sow the decease of the causes started in the cause started in the	ONTRIBUTIN THE TERMIN HE TERMIN HOTTON FO	C)	20A. AUTOPSY? (Yes or No n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJ e	(If in Solimon  URY OCCUR?  19 70 to ot in (my) (our) opi	re City, give exoct locotion)	9 Zo
MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING ( UNDERLYING ( OTHER SIGNIFICA TO THE DEATH I DISEASE OR CON 19A. DATE OF OR 21A. ACCIDENT OR CONTRIBUTION DEATH (notify me 21D. TIME OF INJURY IAPPROX.) 22. I certify the thot (1) (we) to ond haur ond fr 23A. SIGNATURE Mayuma	CONDITIONS, if obave couse [A] CONDITION last.  II ANT CONDITION S COBUT NOT RELATED TO TODITION GIVEN IN PARAMETER TO TODITION GIVEN IN TODITION GIVEN GIVEN IN TODITION GIVEN IN TO	ONTRIBUTIN THE TERMIN HE TERMIN HOTTON FO	CO	20A. AUTOPSY? (Yes or No nor obout 21C. WHERE DID flice bidg., INJURY OCCUR?  21F. HOW DID INJ  2 J. How Did inj  3 J. How death.	(If in Solimon  URY OCCUR?  19 70 to ot in (my) (our) opi	re City, give exect location	9 Zo
MEDICAL CERTIFICATION	DISEASES OR mise to the UNDERLYING ( UNDERLYING ( OTHER SIGNIFICA TO THE DEATH I DISEASE OR CON 19A. DATE OF OR  21A. ACCIDENT OR CONTRIBUTION DEATH (notify mo 1APPROX.)  22. I certify the thot (1) (we) to ond hour ond fr 23A. SIGNATURE  Mayuma 23C. PHISICIAN'S	CONDITIONS, if obave couse [A] CONDITION last.  II ANT CONDITION S COBUT NOT RELATED TO TODITION GIVEN IN PAIPERATION 19B. COW WAS PER WAS UNDERLYING CAUSE OF edicol exomined (I) (this hospital st sow the decease om the causes started at (I) (this hospital st sow the decease om the causes started at (I) (this hospital st sow the decease om the causes started at (I) (this hospital st sow the decease om the causes started at (I) (this hospital st sow the decease of the causes started at (I) (this hospital st sow the causes started	ONTRIBUTIN THE TERMIN HE TERMIN HOTTON FO	CO	20A. AUTOPSY? (Yes or No n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJ e	URY OCCUR?  19 10 to or in (my) (our) opi	Inion deoth occurred as	9 Zo
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MEDICAL CERTIFICATION	DISEASES OR rise to the UNDERLYING O  OTHER SIGNIFICATO THE DEATH I DISEASE OR CON  19A. DATE OF OR  21A. ACCIDENT OR CONTRIBUTH OF INJURY LAPPROX.)  22. I certify the thot (1) (we) to ond hour ond fr  23A. SIGNATURE  MAYURE  MAYURE BURRAL CREMA	CONDITIONS, if obave couse [A] CONDITION [ast.]  ANT CONDITION SCOBUT NOT RELATED TO TODITION GIVEN IN PARTICULAR STATEMENT OF COMMANDERLYING CAUSE OF Edicol exomines)  Anoth) (Doy) (Year)  Anoth) (Doy) (Year)  Anoth) (Doy) (Year)  Anoth) (L) (this hospital st sow the decease of the causes statement of the cause stat	ONTRIBUTINHE TERMINH RT 1 (A).  (Hour)  (Hour)  (Hour)  (Hour)  (Hour)  (Hour)  (Hour)  (Hour)	IG AL  OR WHICH OPERATION  21B. PLACE OF INJURY (o.g., I home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  of the deceased from	20A. AUTOPSY? (Yes or Not nor obout 21C. WHERE DID flice bidg., INJURY OCCUR?  21F. HOW DID INJ  6 5  19 90 and the property of the property of the body after death.  Inding Med.  3D. ADDRESS  Bon Secours Med.	URY OCCUR?  19 20 to ot in (my) (our) opi	altinone M	9 <u>Po</u> n the do
MEDICAL CERTIFICATION	DISEASES OR mise to the UNDERLYING O  OTHER SIGNIFICA TO THE DEATH I DISEASE OR CON 19A. DATE OF OR  OR CONTRIBUTION DEATH (notify mo 21D. TIME OF INJURY IAPPROX.)  22. I certify the thot (1) (we) to ond hour ond fr 23A. SIGNATURE  Mayue 23C. PHISICIAN'S NAME (Type MAYUREE	CONDITIONS, if obave couse [A] CONDITION lost.  II ANT CONDITION SCOBUT NOT RELATED TO TODITION GIVEN IN PAIPERATION 19B. COWAS PER WAS UNDERLYING CAUSE OF edicol exomined (I) (this hospitates to sow the decease of the causes standard Course of Klene (I) (this hospital standard Course of Klene (I) (this hospital standard Course Stan	ONTRIBUTING TO A STATE OF THE TERMIN FOR TO A STATE OF THE TERMIN FOR THE TERMIN	IG AL  OR WHICH OPERATION  21B. PLACE OF INJURY (o.g., I home, form, foctory, street, of etc.)  21E. INJURY OCCURRED  While At Not While At Work  d the deceased from	20A. AUTOPSY? (Yes or Not nor obout 21C. WHERE DID flice bidg., INJURY OCCUR?  21F. HOW DID INJ  6 5  19 90 and the property of the property of the body after death.  Inding Med.  3D. ADDRESS  Bon Secours Med.	URY OCCUR?  19 20 to ot in (my) (our) opi	Inion deoth occurred a	9 <u>Po</u> n the do



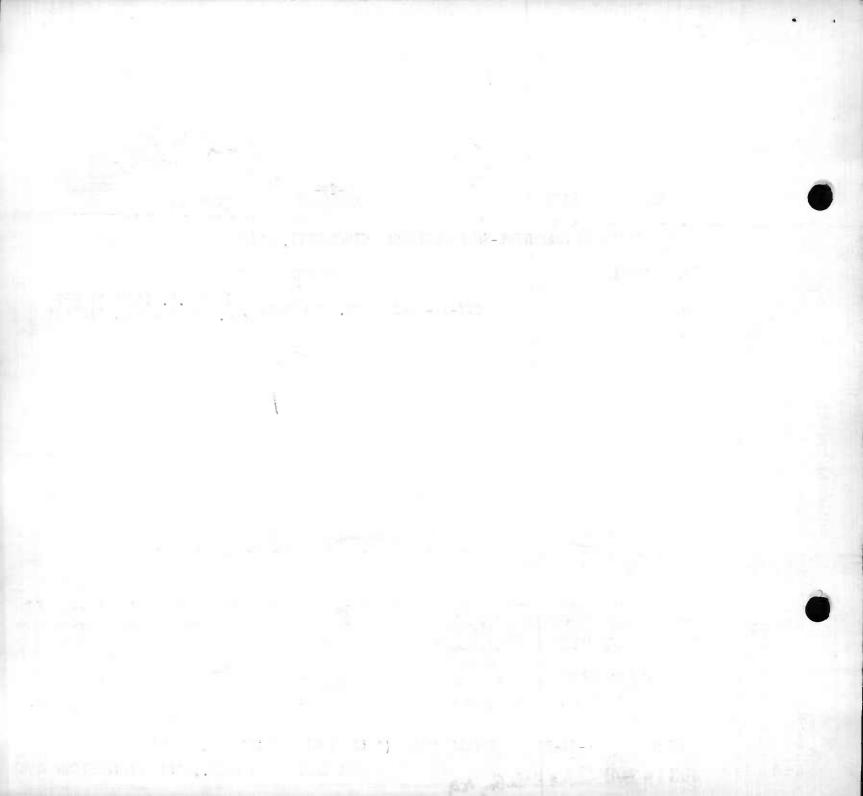
FUNERAL DIRECTOR: IMPORTANT

1	2-400 70 625	BALTIMORE CITY	HEALTH DEPARTMENT	70	0257
100	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	0207
	NAME OF DECEASED JAMES	E. KUHL	2. DATE AND	HOUR OF DEATH	, 240
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (Where d.		residence before admission)
FI	JLL NAME OF (IF NOT IN HOSPITAL OR III OSPITAL OR ADDRESS OR LOCATION)	ASTITUTION, GIVE STREET	Md.		2834
II.	ISTITUTION		C. CITY OR TOWN	D. INSIDE CITY	_/
7110	Md. GENERAL A	to SPITAL	E. STREET AND NUMBER		ио 📗
5.	SEX 6. RACE 7. MADE		4725 DUN		,
	M WIDO		5/31/08 1081	63	der 1 Yr. If Under 24 Hrs. S Doys Hours Min.
10.	A. USUAL OCCUPATION (Give kind of work 10B, KIN ne during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote or foreign of	ountryl 12, CI	TIZEN OF WHAT COUNTRY
13	CLERK FATHER'S NAME		Md.	0	U.S.A
113	JAMES KUHL		14. MOTHER'S MAIDEN NAME GRACE	R-1 CA	
15.	Was Deceased Ever in U. S. Armed Forces?	1 6- SOCIAL	17. INFORMANT	BUSH	ADDRESS
11.6	NO	SECURITY NO. 2/2-0/- 73	G MARIE KU	) HL	SAME
	18.441.14 1/62,1	CAUSE OF DEATH	DEVRAY		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		SHOCK		SETTLEM GROEF AND SEATH
	(This does not mean the mode of dying, heart failure, osthenio, etc. It means the dise	e.g., DUE TO, OR AS A	SE CONSEQUENCE OF: PUPTU	RES ANEXA	7811,7/
	injury or complication which caused death.)	Draphra	quatic my	ocardial	1/2 Krs
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, gi	ving (B) OF AS	A CONSEQUENCE OF: ANALE	HUNACIC	AURTA
	rise to the obove cause (A) stating UNDERLYING CONDITION last.	The Confe	And Continue	oant de	HEW CANE
	II	200	le mete	weens)	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG Foroucke	ogenic can	u'u ana?	
SE	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPST? (Yes or No.) 20	B. IF YES, WERE FINDING CERTIFYING CAUSES OF	S CONSIDERED
CERT	21A ACCIDENT WAS LINDERLYING	218 PLACE OF INJURY (e.g., in	( ( )		(70)
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	home, farm, foctory, street, offi	ce bidg. INJURY OCCUR?	(If In Boltimore City, gi	ve exoct location)
EDICAL	21 D. TIME IMonth) IDay) IYear) IHoud	21E INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
¥	(APPROX.)	While At At Work At Work			0
	22. I certify that (i) (this hospital) attended	11.1	0/12 19/	10 to 61	16 1970
	that (I) (we) lost sow the deceased office			(my) (our) opinion de	oth occurred on the date
	and hour and from the couses stated above	e. (1) (We) (did) (did not) vi	ew the body ofter deoth.	1028 04	TE SIGNED
	a. N. Mau	ride Atten	ding Med. Director Phys.	L L	TE SIGNED
	23C. PHYSICIAN'S NAME IType)	O'LONE L	D. ADDRESS	0 0	Cd d
244	N. N. MA	OEGREE OEGREE	1116 07.	raux o	Theet
1	Burial CREMATION, 24B. DATE 240 Burial 6-20=1970	Loudon Park Cem			
25/			etery Wilkens 25C. FUNERAL DIRECTOR	Ave. Baltimo	ore, MD.
	JUN 1 9 1970 Pake E. Va	day rea	Hubbard Funeral	HOme INc.4107	
1/6	160-DEN/ 1/1/Zo				



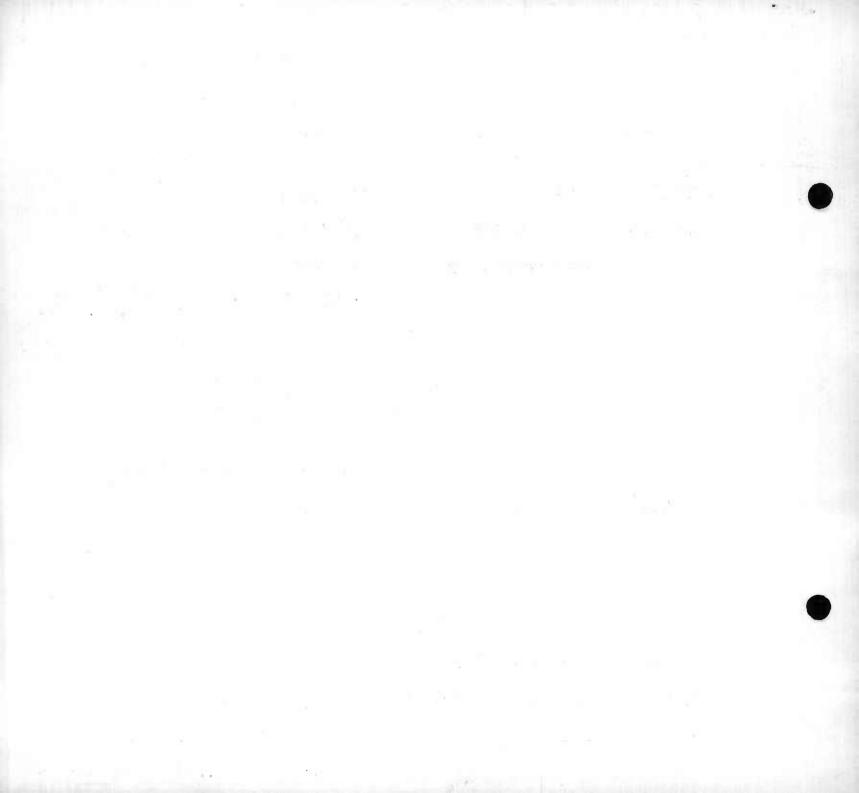
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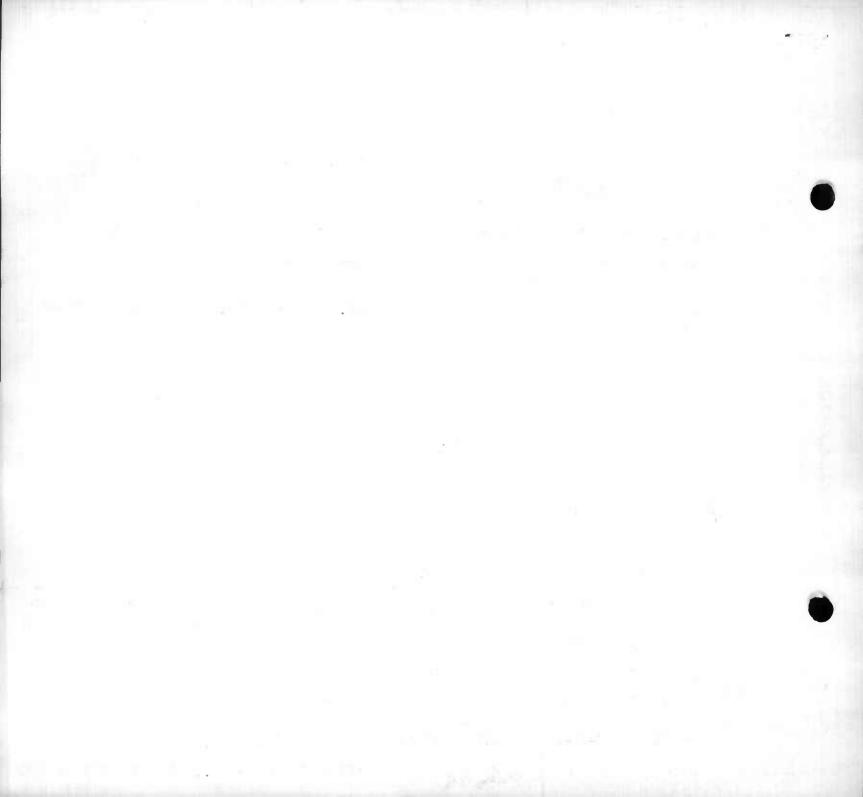
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FUNERAL DIRECTOR:

D .= 5	BALTIMORE CITY	HEALTH DEPARTMENT	1	70 0950
віяти по. 70 6259	CERTIFICA	TE OF DEATH	REG. NO.	70 6259
1. NAME OF DECEASED (Type or Print) ESTHER G. ROBIA	110,51	2. DATE AND	HOUR OF DEATH	0
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL		4. USUAL RESIDENCE (Where	deceased lived. If institu	10 9:45 P.M.
FULL NAME OF HOSPITAL OR INSTITUTION  (IF NOT IN HOSPITAL OR INSTITUTION  ADDRESS OR LOCATIONI		MARYLAND	BALTIMORE	53-00
MARYLAND GENERAL		C. CITY OR TOWN RANDALI XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		S NO
48 HOSPITAL		3828 CHR/	ery Brook	ED.
XXXXXXX WH (TIZ WIDOWED)		12/30/yxx 1911 los	5 X	Under 1 Yr. Il Under 24 Hrs. anths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if refired)  HOUSEWIFE  AT HON		11. BIRTHPEACE (Stote or loreign LYNN  ALLYNN   ASS.	2. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	ROSSX	CHARLOTTE	?	
5. Was Docased Ever in U. S. Armed Forces? (If yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	MR. MYER ROBINSON	,	RYBROOK ROAD DWN. MD. 21133
18.430.9	CAUSE OF DEAT		KANVALLOT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BASA	P-	11000	- 101
(This does not mean the mode of dving, e.g.	(A) IMMEDIATE CAU	SESUB ARACHNO A CONSEQUENCE OF:	(1) HISME	DRRHAGE YDA
heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)	P 10 P. D.	UN BERNY	Anlinka	in
ANTECEDENT CAUSES		CIRCLE D	ANCURY	9 DAYS
DISEASES OR CONDITIONS, if any, giving	DUE TO, OF AS	A CONSEQUENCE OF:	W.CCI3	
rise to the above couse (A) stoting the UNDERLYING CONDITION tast.	(c)	·		
			***********	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED WAS PERFORMED		CHOPNEWTON	IA BILATE	n
19A-DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No.) 2	OB. IF YES, WERE FIND N CERTIFYING CAUSES	INGS CONSIDERED
	PLACE OF INJURY (e.g., in	1117		y, give exact lacottan)
. IOP CONTRIBUTING CALLES OF -	, form, foctory, street, of	ico bidg. INJURY OCCUR?	pr in banimore Ch	y, give exact lacollan;
DEATH (notify modical exemine)  21D-TIME (Month) (Day) (Yearl (Head) 21E.)  OF INJURY	NJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
(APPROX.) While Work	At Work			
22. I certify that (1) (this hospital) attended the		Jun 7 19	20 to Ju	m /h 1020
that (1) (we) lost saw the deceased alive on	June/6	0.		death occurred an the dote
and hour and fram the causes stated abave. (1)	(We) (did) (did nat) vi			
Charles of Homos	Atter	iding Med. Staff	10	DATE SIGNED
CHAICLISS M. HACK	SON MI) DEGREE	BARYLANI)	GRN1BR#	9L HOSP.
AA. BURIAL CREMATION, 24B. DATE 24C.NAJ				wn, or county) (State)
	IMORE HEBREW	REIST	ERSTOWN, MAR	RYLAND
JUN 1 9 1970 Robert & Jaken	REGISTRAR	SOL LEVINSON & 1	BROS.,6010 R	ADDRESS EISTERSTOWN ROAD
S 150-REV, 1/1/68	4			



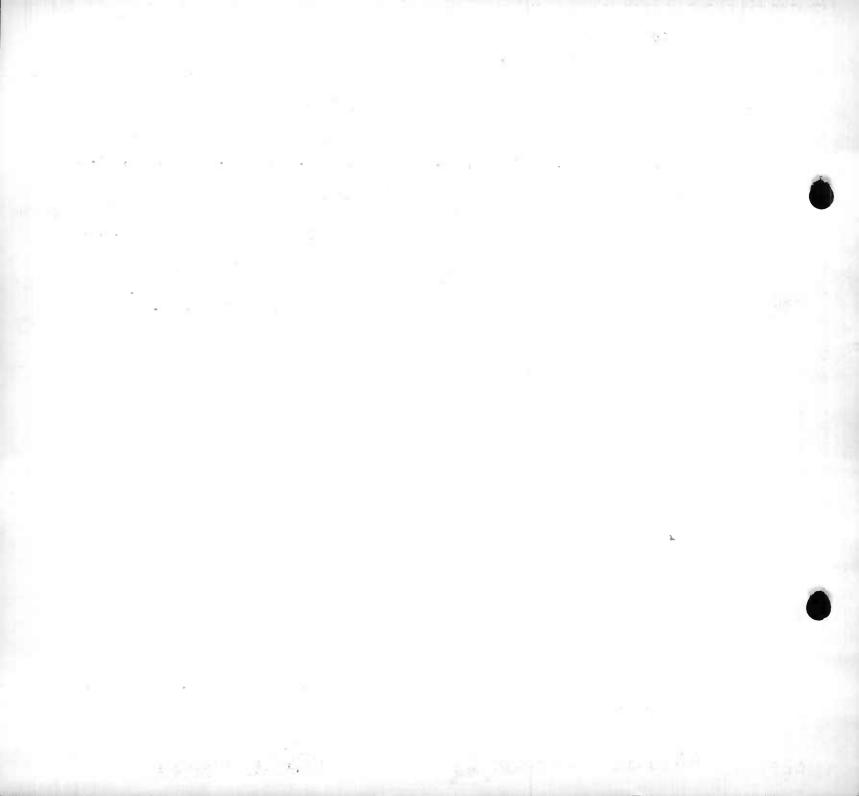


DIRECTOR:

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101 W. Fayette

Mrs. signa dato, su il maiorativiti

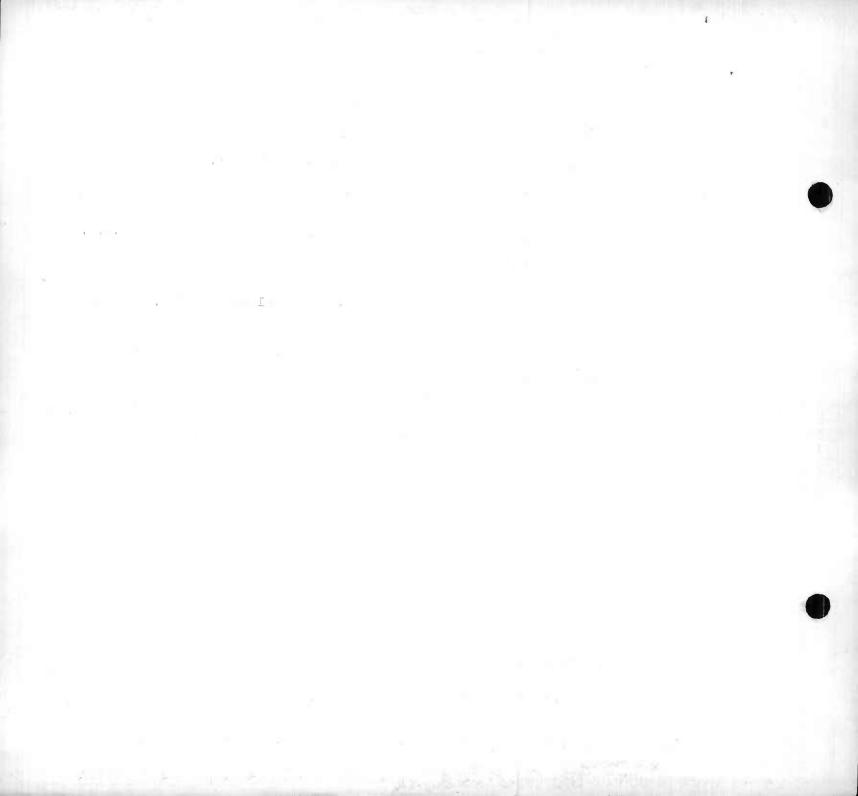


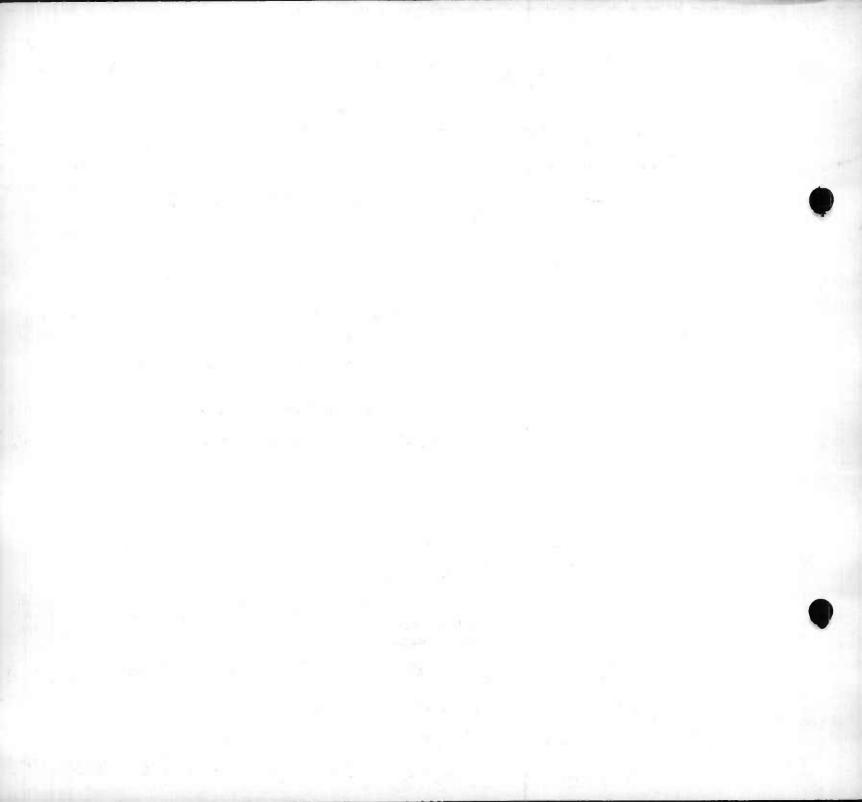


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**DIRECTOR:** 

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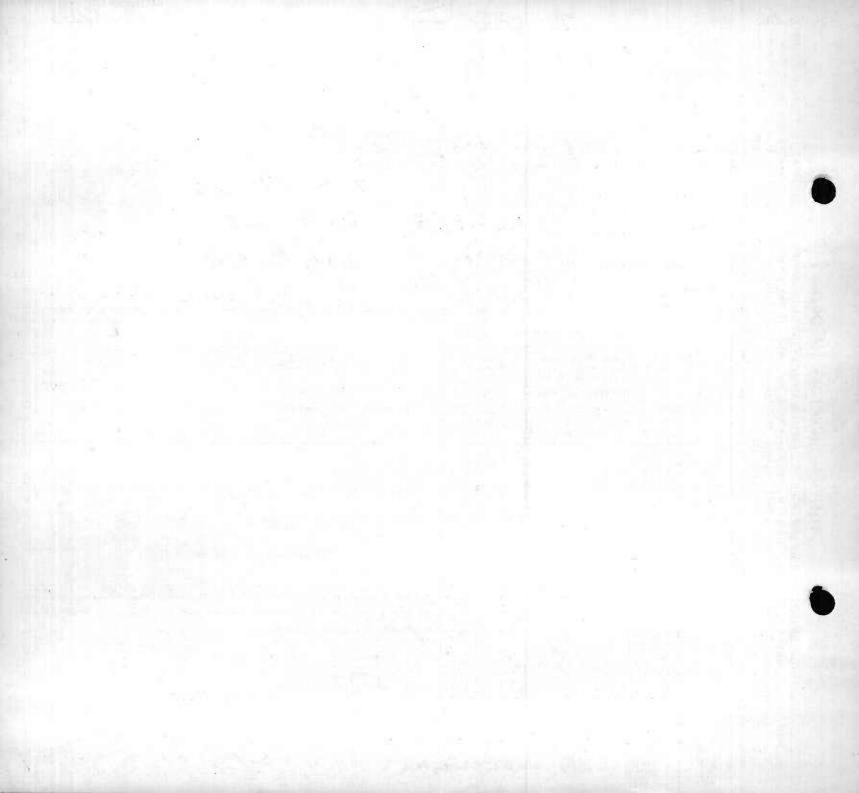




70 66		TE OF DEATH	REG. NO. 70	6267
1. NAME OF DECEASED	OERTHICA		D HOUR OF DEATH	
3 PLACE IN PALTIAGRE MARY AND WILLIAM	SAMUEL	61	21/20	930 A M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE P		A. STATE B. COUNT	deceosed lived. If institution Y	residence before odmission)
INSILIUTION	INSTITUTION, GIVE STREET	MARYLAND c. CITY OR TOWN	D. INSIDE CIT	Y LIMITS?
THE JOHNS HOPKINS		BALTIMORE	YES [	□ NO □
BALTIMORE, MD 212	203	E. STREET AND NUMBER 2132 E. FED	ERAL STREET	
	RRIED NEVER MARRIED			nder 1 Yr. II Under 24 Hrs.
10A. USUAL OCCUPATION (Give kind of work 108, KI)	DWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	10-18-35	34   12. C	ITIZEN OF WHAT COUNTRY?
ARPENIET (SE	mobuction	Balto, m		
13. FATHER'S'NAME		14. MOTHER'S MAIDEN NAM		
15. Was Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	Wignea 7,	nadison	ADDRESS
(Yes, no or unknown) (II yes, give wor or doles of ser	SECURITY NO. 215-30-9001	andrey Top	whom 2132	6. Federal!
18.456.01	CAUSE OF DEATH	10/100	Jane Care	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		SE Cardio-Rea	inches Acres	
(This does not meen the mode of dying, heart failure, asthenio, etc. Il means the dis	sease,	A CONSEQUENCE OF:		***************************************
injury at complication which caused death.)  ANTECEDENT CAUSES		Maria Ham.	CT Kene	
DISEASES OR CONDITIONS, If any,	giving (B)DUE TO, OR AS	A CONSEQUENCE OF:	GI Bleeding	
tise to the above cause (A) staling UNDERLYING CONDITION last.	(C)	Esophageal	Varies	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING			
ITO THE DEATH BUT NOT RELATED TO THE TERMI	INAL	***************************************		
198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDING	S CONSIDERED F DEATH?
. OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, oll	or obout 21C. WHERE DID	(II in Bolttmore City,	give exect location)
DEATH (notily medical examined	etc.)	not slope industry occurs		
OF INJURY (APPROX)  (APPROX)	While At   Not While	21F. HOW DID INJU	RY OCCUR?	
22. I certify that (I) (this hospital) attend	YVOR - AT VVOR		70 to 6/2	19 76
that (1) (we) last sow the deceased alive		Top A		eath accurred an the date
and have and from the causes stated abo				week, and the state
23A. SIGNATURE	OMD Atter	nding Med. I'm S		ATE SIGNED
23C. PHYSICIAN'S NAME (Type)		Adding Med. Spirector P	hys. 4	oful
KENJAK	AL MD. DEGREE	THE JOHNS H	OPKINS HOSPI	TAL
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 6/23/70	4C. NAME OF GEMETERY OF CRE		CATION (City, town	or county) (Stole)
- Mulling	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	D 2 2	ADDRESS
	Me OF REGISTRAR	Joeph Bi	docks y 130	4n Canhala
VS 150-REV. 1/1/68			7	

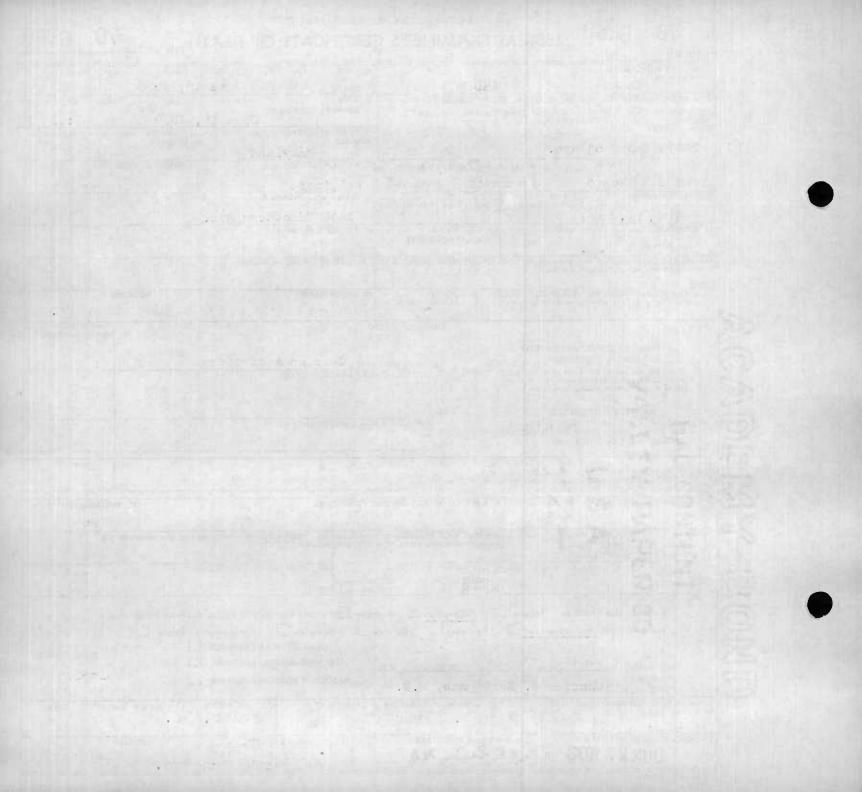
In the same of the g Surfice Deligações Sous in A. J. and a little and a second 8 / 

BIRTH	NO	70	6268	)	TE OF DEATH	REG. NO	70 6268
1. NAM	ME OF DECE	A SED		40 B	2. DATE	AND HOUR OF DEAT	Н ()
3. PLA	ACE IN BALTI	MORE MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO	Where deceased lived. If	institution: residence before admissio
HOSPI	NAME OF	(IF NOT IN HOSE ADDRESS OR LO	PITAL OR INSTITU CATION)	UTION, GIVE STREET	C. CITY OR TOWN	D. IN	NSIDE CITY LIMITS?
BL	ohn	Hapke	is H	lasp.	E. STREET AND NUMBER	E. FEO	VES NO D
5. SEX	U	S. RACE	7- MARRIED   WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 7-4-09	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	luring most of w	PATION (Give kind of working life, even if retired		F Bal &	Balls.	foreign country)	12, CITIZEN OF WHAT COUN
13. FA	alisas		c Suiv	rl	mary O	wend	
15. Wa (Yes, no	Deceosed o or unknown)	ver in U. S. Armed I	Forces? otes of service)	SECURITY NO.	Elsine M	e Gure	2624 E. Federal
	DISEASE L This does no	OR CONDITION I EADING TO DEAT I mean the made sthenia, etc. It mea	H af dying, e.g.,	DUF TO OR AS	use Cerebral A CONSEQUENCE OF:	Hemorrhage	APPROXIMATE INTERVA BETWEEN ONSET AND DE
in'	njury ar camp A DISEASES OI	lication which caus  NTECEDENT CAUS  CONDITIONS, it	ed death.) ES I any, giving	(в). Нуре	rtension A CONSEQUENCE OF:		15 yrs
NO OI	THER SIGNIFIC	CONDITION last,  II  CANT CONDITIONS C BUT NOT RELATED TO NDITION GIVEN IN P	THE TERMINAL	(c)			
	A. DATE OF	OPERATION 198. CO		WHICH OPERATION	20A. AUTOPSY? (Yes or		E FINDINGS CONSIDERED AUSES OF DEATH?
U 21	R CONTRIBUT	WAS UNDERLYING TING CAUSE OF nedicol exominer)	21B, hom etc.	e, form, foctory, street, o	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltim	nore City, give exact location)
21 OF	PPROX.)	(Month) (Doy) (Yea		ile At Not Whi	le 🖳	INJURY OCCUR?	
th	not (I) (we) I	ast saw the decea	sed alive an	April 30,	11 y 2 , 19 70 ond	that in (my) (our) a	pril 30. 1970 pinlon death occurred on the d
	A. SIGNATUR		24-	0	ending Med.	Shoff	23B. DATE SIGNED
23	C. PHYSICIAN NAME (Ty) Percent	lac	Smith, N	1.D.		Phys.	6-18-70 .e
24A. B	BURIAL CREM REMOVAL (Sp	ATION, 248. DATE	170 CA	AME of CEMETERY OF CR	EMATORY 24D	Large	(City, town, or county) (State  ADDRESS

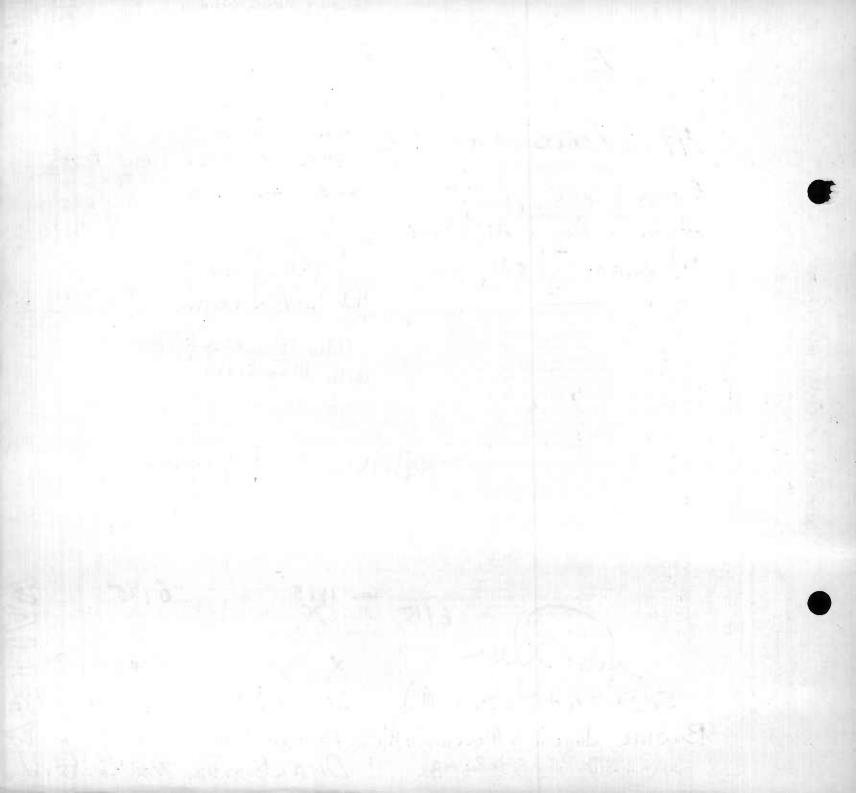


	70	6269 M	EDICAL E	BALTIMORE CITY HE			DEAT	Н	70	6269
BI	RTH NO.							REG. NO		
I. NAME OF DECEASED (Type or Print)					2. DATE OF	Known 🔯	Month	Day	Year	Hour
L	ELLEN DARDEN					Estimated	June	19, 1970		
N .		TIMORE, MARYLAN			3. DATE	UNICED DEAD	Month	Day	Yeor	Hour
HC	LL NAME OF	ADDRESS OR I	SPITAL OR INSTITU	TION, GIVE STREET		UNCED DEAD	une 19	, 1970		1:03 H
OI	2644 Edn	nondson Ave			5. USUAL R A. STATE	ESIDENCE (Where Maryland	dece ased li	B. COUNTY	residence	before admission)
6.	SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR			D. INSIDE CIT	Y LIMITS?	000
F	emale	Negro	WIDOWED		Balti	more		YES		NO []
9.	DATE OF BIRT			Under 1 Yr. If Under 24 Hrs.		AND NUMBER		1 723		NOL
	Sept.1	211907	rthday) 63+	nths, Days, Hours, Min.	26/1/	Edmondson	n A 170			
11.		tole or fareign count		CITIZEN OF	13. FATHER		Ave.			
	Avde	n N.C.		WHAT COUNTRY?						
14/ dor	USUAL OCCU	PATION (Give kind of vorking life, even il reli	work 14B. KIND OF	BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NAM	ΛE			
16.	WAS DECEAS	ED EVER IN U.S. AR	MED FORCES?	17. SOCIAL	18. INFOR	TNAN		ADI	DRESS	
(Ye	s, na or unknown)	(If yes, give war or d	oles of service)	SECURITY NO.		ce Darde	26	44 Edmo		n Ave
-	19.			CAUSE OF DEA		se par der	.1 20	H4 Hallo		PPROXIMATE INTERVA
	(This does no heart foilure,	E OR CONDITION I LEADING TO DEATI of mean the mode of asthenio, etc. Il mean aplication which cause	of dying, e.g.,	(A) IMMEDIATE C DUE TO, OR A	AUSE CAT	cinoma of	cecum		BEIV	VEEN ONSET AND DE
NO	DISEASES O	NTECEDENT CAUSE DR CONDITIONS, IF ABOVE CAUSE (A) IG CONDITION LA	ANY, GIVING	(B)(C)	AS A CONSE	QUENCE OF:				
CERTIFICATION	TO THE DEA	II IFICANT CONDITION ITH BUT NOT RELATES CONDITION GIVEN	D TO THE TERMINAL	3						
ERT	20A. DATE OF	OPERATION 20B.	CONDITION FOR	WHICH OPERATION WA	S PERFORM	ED			21. AUTO	PSY? (Yes or No)
	0									No
EDICAL	UNDERLYING UTING CA	NAL CAUSE WAS OR CONTRIB- USE OF DEATH.	22B. hom	PLACE OF INJURY(e.g., e, lorm, lactory, street, office	in or obout 2 bldg., etc.)	2C. WHERE DID (	f in Boltimo	re City, give exact	location)	
Σ	OF INJURY (APPROX.)	Manth) (Doy)		WHILE AT NOT WORK AT W	WHILE	2F. HOW DID IN	URY OCCI	JR?		
	result ACTUAL SIGNATU EXAMINE	R'S Charle	causes A	Inspection X Autorities Suicid	e Ho	and that on the micide LECHIEF MEDICAL ESTANT MEDICAL EXCIATE MEDICAL EX	Indetermit CAMINER CAMINER	death in my of ned manner		DATE SIGNED
24	NAME (T			4C. NAME of CEMETERY	CDEMATO	DV lass 1	OCATION	/cn		(-
RE	MOVAL (Specif	v) 6/	22/70	Mt.Calvary	DE CREMATO		alto.	anno. N	or county)	(State)
25		1 22 1970		Jaben KA		Wainwr			PRESS	

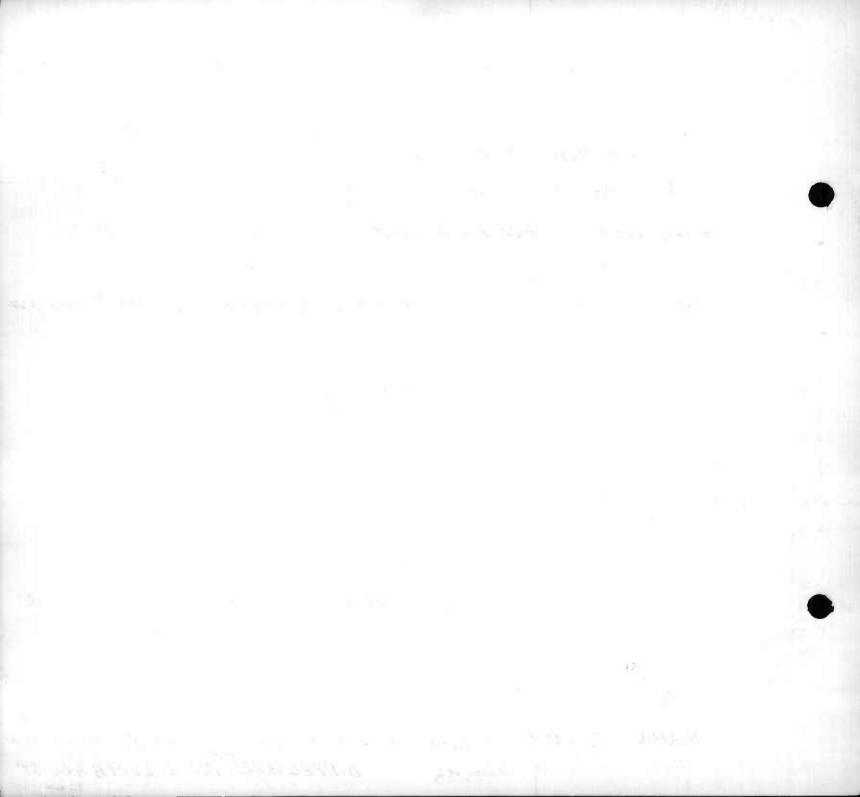
VS 151-REV. 7/1/68



12/-	BALTIMORE CITY HEALTH DEPARTMENT
and cath ased seed such	BIRTH NO. 70 6270 CERTIFICATE OF DEATH REG. NO. 70 6270
Decease e on th ath. Suc	1. NAME OF DECEASED RUTH F BARGOR 2. DATE AND HOUR OF DEATH (Type or Print)  M. W. 18 1970   M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where decosed lived. If institution: residence before odmission) A, STAJE B, COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
	14413 FOREST VIEW AVE BALTIMORE YES NO D
ı	4423 FOREST VIEW HVE
	S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors lost birthdow) Nonths Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY:  done during most of working life, even if retired)
	HOUSE WIFE AT HOME BALTIMORE U.S.A. 13. FATHER'S NAME
	WILLIAM THOMPSON LULA BORRGAN
	15. Was Deceased Ever in U. S. Armed Forces?  Yes, no or unknown  (If yes, give wor or doles of service)   16. SOCIAL SECURITY NO.   17. INFORMANT
	18. / 74 X   CAUSE OF DEATH   SALTO DIA ZIPSA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH  (A) IMMEDIATE CAUSE Adult Corculation for the first of the first
	(This does not meon the made of dying, e.g., heart failure, osthenio, etc. It meons the disease, injury or camplication which caused death.)
	ANTECEDENT CAUSES
	DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stating the UNDERLYING CONDITION lost.  (C)
l	other significant conditions contributing to the terminal disease or condition given in part 1 (a).
	19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If In Boltimore City, give exect location)
	U 2TA. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?
	21D. TIME (Month)  Doy)  Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While
	While At Not While At Work
	22. I certify that (I) (this hospital) attended the deceased from Sell (1965) 19 to 0 13
	ond hour and from the couses stated above. (1) (We) (did) (did not) view the bady ofter death.
	23A. SIGNATURE  Attending Med. Staff Director Phys Director Phys D
	DEGREE Phys. Director Phys. Director Phys. 23D. ADDRESS
	SERASTICAL RUSSO ND DEGREE 5017 HARFORD WAS SALTO NO.  24A. BURIAL CREMATION, 124B. DATE 124CANAME OF CEMETERY OF CREMATORY 124D. LOCATION (Chy, Town, or equiny) (State)
	Bue 191 June 20 70 Magaiana Man Proving Bat Timage Macui Ania
	JUN 22 1970 Robert E. Janber K. J. Director Rose Land The Registrar
-	VS 150-REV. 1/1/68



70 6271 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	70 6271
I. NAME OF DECEASED		
(Type or Print) ANTONIO PETRO OF Anton Petro	OF TO	Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted 6 19	70 10:05 a <sub>M</sub>
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD  June 19, 19	
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: r	esidence belore admission)
729 S. Bond St	A. STATE B. COUNTY Maryland	2.03
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
Male White WIDOWED DIVORCED	Polto	DE
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. 11 Under 24 Hrs.	Balto. YES	MO L
Dec 12 1891   Iasi birthdoy)   Months Days Hours Min.	729 S. Bond St.	
11. BIRTHPLACE(Stote or loreign country)  12. CITIZEN OF WHATCOUNTRY?	13. FATHER'S NAME Unk Petro	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME	
Dredge Oprator  Arundel Corp.	Unk	
14 WAS DECEASED EVER IN U.S. ARMED EODCESS 117 SOCIAL	18. INFORMANT ADD	RESS
(Yes, no ar unknown) (If yes, give way or doles of service)  SECURITY NO.	Grace Petro 729 S Bond Street	
19. CAUSE OF DEA	ATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		DETWEEK ONSET AND DEATH
LEADING TO DEATH (A)IMMEDIATE	CAUSE Carcinoma of lung	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. il means the disease,	AS A CONSEQUENCE OF:	
Injury or complication which caused death.)		
ANTECEDENT CAUSES (B)		
	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL Art	eriosclæptic cardiovascular dise	ease
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 2	I. AUTOPSY? (Yes ar No)
		No
	in ar about 22C, WHERE DID (II in Baltimare City, give exact le bldg., etc.) INJURY OCCUR?	acation)
☐ UTING ☐ CAUSE OF DEATH.	a blogg sic.) Hydri Occori	
OF INJURY (Monih) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX.) WHILE AT TO NOT	WHILE	
23. Al V	YORK L	
I certify that I held an Inquiry Inspection Au	topsy ond that on this basis, death in my opi	nlon
resulted from: Natural causes XX Accident Suicid		111011
Solette State Stat		
ACTUAL APPLICATION	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER XX	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Tsidore Mihalakis, M.D.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	OF CREMATORY	6/19/70
REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or	caunty) (Stote)
JURIAL June 22 70 Oak Lawn Cen	netery FASTERN AVE BLU	A BALTOMO
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDI	
JUN 22 1970 Jable E. Jaben M.D.	Dron Kastupa	Flankal
VS (51-REV. 1/1/68	11 16165 MIGOZ TYC 1901	of your name of the second



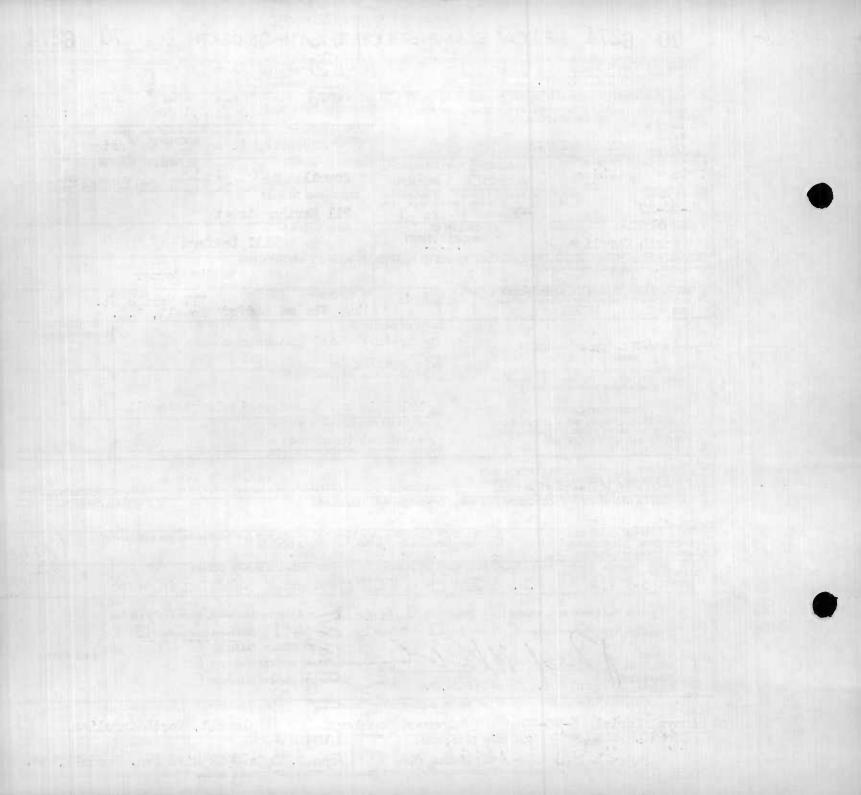
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1010	-072		BA	LTIMORE CITY HE	ALTH DEPAR	TMENT			min	0973
BIRTH NO.	6273 ME	DICA	L EXA	MINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO	/U	6273
1. NAME OF DEC	DONALD E	UGENE	НОС	)K	2. DATE OF DEATH	Known   Estimoted	Month 6	Day 19	Year 70	2:30 a
4. PLACE IN BAL	TIMO RE, MARYLAND,	WHERE F	RONOUN	CED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL	(IF NOT IN HOSP	TAL OR IN	STITUTION,	GIVE STREET	PRONOU	NCED DEAD	June	19	. 1970	2:30 a
Agnes	Hospital	zanony			5. USUAL RE A. STATE	SIDENCE (Where	e deceased li	B. COUNTY		
6. SEX	7. RACE	8. MAR	RIED N	EVER MARRIED	C. CITY OR		illa	D. INSIDE	CITY LIMITS?	000
Male	White		WED 🗌	DIVORCED [	Ba1	to.			YES D	по 🗆
DATE OF BIRT	H 10.AGE	(In vents	If Under	1 Yr. II Under 24 Hrs.		ND NUMBER		-	123 67	NO L
3/15/19	lost blirth	38	Months	Doys Hours Min.	1	06 S. Sh	orrdon-	Ave. S	che re	don St
1. BIRTHPLACE	tote or foreign country		12. CITIZ		13. FATHER'S	NAME	11	1	ACC.	
Dallo	. hid		MHV	T COUNTRY?	6	200 -	Las	h		
44 USUAL OCCU	PATION (Give kind of wo	KIAB KIN			15. MOTHER	'S MAIDEN NA	ME	20	1	63
How h	asker	120	2 star	her Local	(Della	ta g 7	Lack	(00	than )	
6. WAS DECEAS	ED EVER IN U.S. ARM	ED FORCE	S? 117.	SOCIAL SECURITY NO.	1B. INFORM	IANT I	1	Coso	ADDRESS	
The	Horlan	) service	- 10 -	0-24-2233	t march	Berthe T	Back.	- 106	8. Res	broeder .
16/	x (4)	4,6		CAUSE OF DEA	тн			/		PROXIMATE INTERVA
DISEAS	E OR CONDITION DIF	ECTIV							0.11	ELN ONSET AND DE
	LEADING TO DEATH			(A)IMMEDIATE	AUSE Dr	owning				
(This does n	ot meon the mode of , osthento, etc. It meons t	dylng, e.g.,			S A CONSEQU					
injury or con	plication which coused a	e oth.)							334	
1A	NTECEDENT CAUSES			/e\						
DISEASES O	R CONDITIONS, IF A	Y, GIVING	3	DUE TO, OR	AS A CONSEC	UENCE OF:				
_   UNDERLYIN	NG CONDITION LAST	AIING IN	-	(c)					200	
OTHER SIGN	11			(C)						
	IFICANT CONDITIONS	CONTRIBL	TING							
DISEASE OR	TH BUT NOT RELATED T CONDITION GIVEN IN	PART 1 (A	).	***************************************						
	OPERATION 208. CO	NOITION	FOR WHI	CH OPERATION WA	S PERFORM	ED			21. AUTO	PSY? (Yes or No)
										YES
	NAL CAUSE WAS		22B. PLAC	E OF INJURY (e.g.,	In or obout 22	C. WHERE DID	(Il In Boltimo	re City, give e	xact location)	3 (11)
	OR CONTRIB-			m, loctory, street, offici Jater		Schmucks	Gravel	Pit.	end of	Halethorn
		or) (Hou	r) 22E.IN	NJURY OCCURRED	21	F. HOWDID IN		100	Farms R	
(APPROX.)	6 18 70	?	m. WHILE	AT NOT	WHILE TO	Subject	drow			
23.	20 70				ORK ALL	babjee	ar own	100		
I cert	ify that I held an	Inquiry	Ins	spection Au	tapsyXX	and that an t	his basis,	death in m	y apinlan	
result	ted fram: Natural co	USes	Accid	ent XX Suicid	le Ho	micide 🗌	Undeterml	ned manner		
		1	97°17	,	C	HIEF MEDICAL E	EXAMINER			
SIGNATI	JRF /	Um	telal	424 M.D	ASSIS	TANT MEDICAL	XAMINER	XXX		DATE SIGNED
EXAMIN				11110	•	CIATE MEDICAL E	XAMINER			
NAME (T		Tsid	ore Mi	halakis,M.	D.					19/70
24A. BURIAL CREA REMOVAL (Specil		1	24C. N.	AME of CEMETERY	ar CREMATO	RY 24D.	LOCATION	(City, tov	vn, or county)	(Stote)
Buren	l 6/24	1197	0 7	helessly,	a Con	oton	9	Loolon	dun	a Oli
25A. DATE REC'D	BY HEALTH DEPT.	25B. f	NAME OF	REGISTRAR	25C. F	UNERAL DIRECTO	OR //	ALL CONTRACTOR	ADDRESS	,
JUN	2 1970 ····	3 de	Jabe	M.D.	Jehr	1. Cowa	. 1	. 1	20, 7	1.00: 1
VS 151-REV. 1/1/68				<del></del>	- H	1 - owner	N AM	The.	101 JY	ACEURS -
	11 14 1					V		/	2001	n, n

PHS THE LITT 

1-316

	CERTIFICATE OF DEATH REG. NO. 70 6274				
(lype or Print) WILLIAM D. LEDFORD	2. DATE Known Month Doy Year Hour OF DEATH Estimated M.				
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Month Doy Year Hour 12:30 A.				
MERCY HOSPITAL	5. USUAL RESIDENCE (Where deceased lived, if Institution: residence before admission) A. STATE North Carolina B. COUNTY Gaston				
6. SEX   7. RACE   8. MARRIED NEVER MARRIED	C. CITY OR TOWN  D. INSIDE CITY LIMITS?  YES NO K				
9. DATE OF BIRTH 10. AGE (In years   11 Under 1 Yr. 11 Under 24 Hrs.   129-27   131 birthday   13   14 Under 1 Yr. 11 Under 24 Hrs.   14 Under 24 Hrs.   15 Under 24 Hrs.   15 Under 24 Hrs.   15 Under 24 Hrs.   16 Under 24 Hrs.   16 Under 24 Hrs.   16 Under 24 Hrs.   17 Under 24 Hrs.   17 Under 24 Hrs.   17 Under 24 Hrs.   18 Under 24 Hrs.   18 Under 25 Under 26 Under 26 Under 26 Under 27	E. STREET AND NUMBER 711 Martha Street				
North Carolina  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Will Ledford				
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of warking life, even if retired)	15. MOTHER'S MAIDEN NAME Addie Cooper				
(Ves, no or unknown) (If yes, give war ar dates of service)  Yes  WW II	Mrs. Thelma Ledford Lowell, N.C.				
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	AUSE S A CONSEQUENCE OF:  le acute duodenal ulcers complicating AS A CONSEQUENCE OF: al hematoma				
	yes				
UNDERTYINGS OF DEATH.  UNDERTYINGS OF DEATH.  22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 5-28-70 A.M. m. WORK NOT WORK  1 certify that I held on Inquiry Inspection Autority (APPROX.) Suicide Accident Suicide Signature EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.	Unk.    22F. HOW DID INJURY OCCUR?   Subject found lying in street   Opsy				
24A. BURIAL CREMATION, REMOVAL (Specify) Removal Burial 6-20-70 Removal Burial 6-20-70	(Stole)				
JUN 22 1970 June of REGISTRAR	John J. Duda 7922 Wise Ave. Dundalk, Md.				

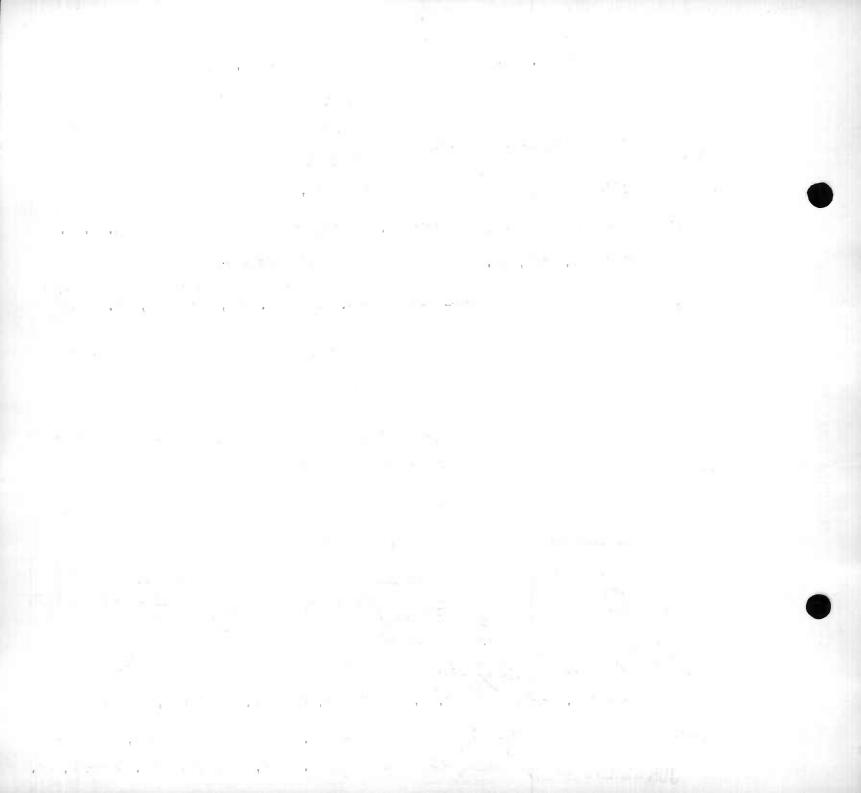


	BALTIMORE CITY	HEALTH DEPARTMENT	70 6275
BIKIH NO.		TE OF DEATH REG. 1	10. 10 0010
I. NAME OF DECEASED William	Pakulski, Sr.	2. DATE AND HOUR OF	DEATH
INICLIAM	PAKULSKI	6/17/	70 16:30
3. PLACE IN BALTIMORE MARYLAND, WI	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased liv	ed. If institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITA	L OR INSTITUTION. GIVE STREET	II iii	1605
FULL NAME OF HOSPITAL OR ADDRESS OR LOCA	L OR INSTITUTION, GIVE STREET TON)	Maryland c. CITY OR TOWN	D. INSIDE CITY LIMITS?
Baltimore City Hospi	tals	Baltimore	YES X NO
4940 Eastern Avenue		E. STREET AND NUMBER	
Baltimore, Maryland	21224	6913 Eastbrook Avenue	21224
5. SEX 6. RACE	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In year lost birthday)	
		1/17/02   last birthday)	68 Manths Doys Hours Min.
Male White	OR KIND OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (State or foreign country)	12. CITIZEN DE WHAT COUNTE
Head of Security System		Maryland	U.S.A.
13. FATHER'S NAME	Lation orty nosp.	14. MOTHER'S MAIDEN NAME	333411
Stephen Pakulski		Anna Rozanski	
			· ·
15. Was Deceased Ever in U. S. Armed Force (Yes, no or unknown) (If yes, give war or dotes	of service)   16. SOCIAL   SECURITY NO.	17. INFORMANT 4940 Ea	stern Avengeress
Yes WWII	213-34-5609 <b>A</b>	BCH: Records Baltimo	re, Maryland 21224
18. 19901	CAUSE OF DEATH	1	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRE	CTLY		BETWEEN ONSET AND DEAT
LEADING TO DEATH	(ANIMMEDIATE CALL	SE CARCINOMA	TOSIS 2 YEARS
(This does not mean the made of cheart failure, asthenia, etc. It means t	lying, e.g., DUE TO, OR AS	CONSEQUENCE OF:	
injury ar complication which caused of	leath.)		1
ANTECEDENT CAUSES	(0)		
DISEASES OR CONDITIONS, if a	ny, giving (8)	A CONSEQUENCE OF:	***************************************
rise to the above cause (A) a	siding the		
	(c)		
OTHER SIGNIFICANT CONDITIONS CON	TRIBITING	- 0	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	TERMINAL KECKN	T PULMONARY EI	ABOLUS I MONTH
19A. DATE OP OPERATION 19B. CONDI	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED
		760	
On CONTRIBUTION TO	218 PLACE OF INJURY (e.g., in hame, form, factory, street, aff	or obout 21 C. WHERE DID (If In B	ollimore City, give exact location)
DEATH thonly medical examined	etc.)	THE STATE OF THE S	
Q 21 D. TIME (Manth) (Day) (Year)	(Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not While Work At Work		
22 I goodfor shee (1) (also be a trait	Work LJ At Work		
22. I certify that (1) (this haspital)		6/16/70 19 to_	6/17/70 19
that (1) (we) last saw the deceased		2 and that in (my) (au	r) apinion death accurred an the dat
and haur and fram the couses stated	dobove. (1) (We) (did) (did not) vi	ew the body after death.	
23A. SIGNATURE			23 R DATE SIGNED
1/olon	DEGREE Phys.	ding Med. Staff Phys.	6/17/70
23C.PHYSICIAN'S NAME (Type)			enue Baltimore, Maryl
E-CAS	TON AT	BALTIMORE CITY	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C.NAME of CEMETERY OF CREE		HOSPITALS. 212
Burial 6-20-70	Oak Lawn		(City, town, or county) (Stote)
			ore, Maryland
	SE NAME OF REGISTRAR	John J. Phyda 7022 Mis	ADDRESS Thundalk Md
JUN 22 1970 viewer	C. Varioes, The	John J. Duda 7922 Wis	21222
S 150-REV. 1/1/68			



FUNERAL DIRECTOR: IMPORTANT

				BALTIMORE CITY			,	170	OMO
	TH NO.	70	627	6 CERTIFICA	TE OF DI		REG. NO	70 6	210
(Ty	pe or Print)	Charles d	_			June 17,	1970		
3.	PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESID	DENCE (Where de	ceased lived. If in	stitution: residenc	e before adm
HC	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Marylan c. City or tow		timore C	0 1	53-
-	3.1				Dundalk		D. INSI	DE CITY LIMITS?	NO 🏝
	Ba	ltimore City	Hospita	l (DOA)	E. STREET AND		······		
	14					ta Road			
	ale	White	WIDOWED			, 1919 lost		If Under 1 Yr. Months: Doys	If Under 2 Hours
dou	e during most of v	vorking life, even if refired)	1	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign o	ountryl	12. CITIZEN O	F WHAT CO
I	lachine	Operator	Western	Electric Co.	Maryl	and		U.	S. A.
13.	FATHER'S NAM				14. MOTHER'S A			1	
		William J. Ot				tha Schae	ech		
5. Yes	Wes Deceased , no or unknown)	Ever in U. S. Armed Ford Of yes, give wor or dole	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	(Wife)	1506	Rita ADDI	RESS Road
	Yes	WWII		216-01-9139			t, Dunda		21222
	1B. / & 4	/)		CAUSE OF DEATH				APPR	OXIMATE INTE
		OR CONDITION DIR	ECTLY		0.	_	4		N ONSET AND
		LEADING TO DEATH	duina an	(A) IMMEDIATE CAU			ARRIEL		1-he
	heart foilure,	osthenio, etc. Il means	the disease.	DUE TO, OR AS	A CONSEQUENCE	OF:			
		plication which caused	deam.)	-					
		R CONDITIONS, if	an atutus	(B) DUE TO, OR AS	A CONSCOURT		·		
	rise to the	above cause (A)	stating the	()-10,0KAS	A CONSEQUENCE	E OF:	BY.		/
	UNDERLYING	CONDITION lost.		(c) N-1PIER	NEPAILE	rm A	(C) //	UIYIF-	6 ma
	TO THE DEATH	II CANT CONDITIONS CON BUT NOT RELATED TO TH	E TEDLAINIAL	E BRNI	"14 +L	UNG IN	n 12548548	C/Y,	
Š	19A. DATE OF	ONDITION GIVEN IN PART	DITION FOR W	HICH OPERATION	20A. AUTOPSY	(? (Yes or No) 20	B. IF YES, WERE F	INDINGS CONS	IDERED
CERTIFICATI	2	WAS PERF			No	IN	CERTIFYING CAU	ISES OF DEATH	?
¥	21A. ACCIDEN OR CONTRIBU DEATH (notify	T WAS UNDERLYING TING CAUSE OF	21B, home etc.)	PLACE OF INJURY (e.g., in b, form, foctory, street, off	or obout 21 C. Wince bldg., INJURY	HERE DID OCCUR?	(It In Boltimore	City, give exoct	location)
MEDIC	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Houd) 21E.	INJURY OCCURRED	21F. HO	W DID INJURY	O C CU R?		
2	(APPROX.)		Whi	e At Not White					
	22. I certify t	ha (i) (this hospital)	attended th			22 196	9_to	6-15	19
- 1		ast saw the decease		ZUME 1	4		(my) (our) apin	-	
				(We) (did) (Mid not)	lew the hady of	ter death	(30.7 45111	acout occ	OLIVA DII (N
	23A. SIGNATUR	E/ /	1	1	an the pay at	10. 954/116		23B, DATE SIGN	ED
	/lux	at I	N	all Atter	Me Din	ed. Staff		6/19/70	
	23C. PHYSICIAN NAME (Ty	rs nel	- ner	O L ONLL	3D. ADDRESS	ocioi mas Pitys.	_		
	HAMME LIV	Robert L. Do	yle	M. D.	222 St. 1	Paul St.	Baltimore	Marylan	nd
24A	BURIAL CREM	ATION, 248, DATE	24C. NA	ME of CEMETERY OF CRE		24D. LOCAT		, town, or county	
E	urial	6/20/7		red Heart of				more, Mar	•
25A	DATE REC'D	BY HEALTH DEPT.	25B NAME O	PEGISTRAP	25C. FUNERAL	L DIRECTOR		AD	DRESS
	IIIN S	22 1970 Jak	& E. Va	Bey M. D.	John J	Duda, 7	922 Wise	Ave. Dunc	dalk, M
-	50-REV. 1/1/6					1 1			-



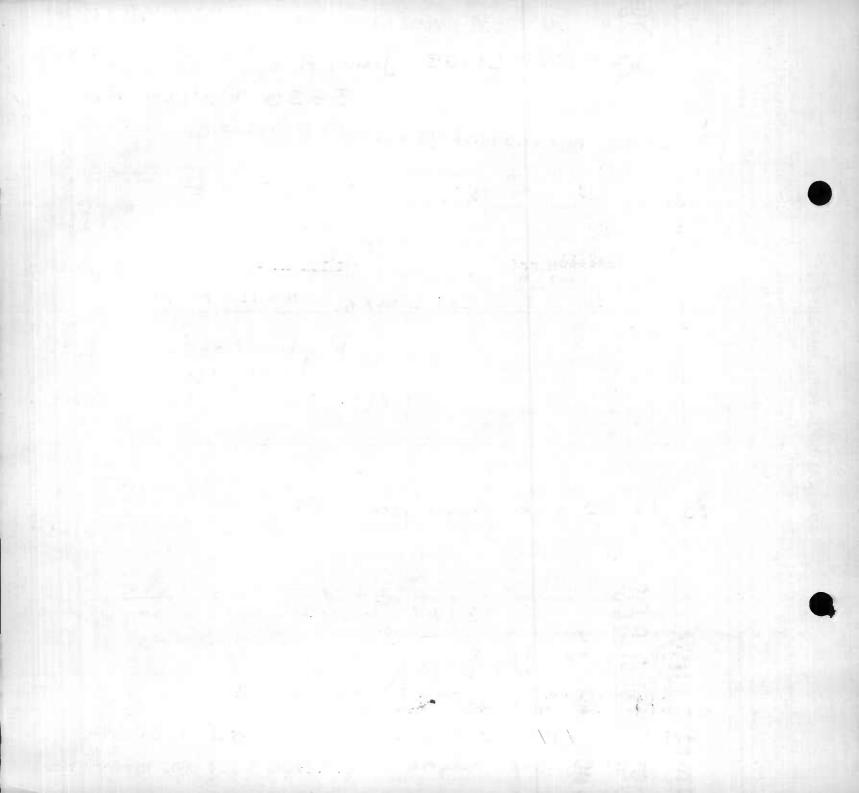
BALTIMORE	CITY	LIE ALVIII	DEDAR	PARENTS
DALIMUKE		DEALID	I JEP AK	IMENI

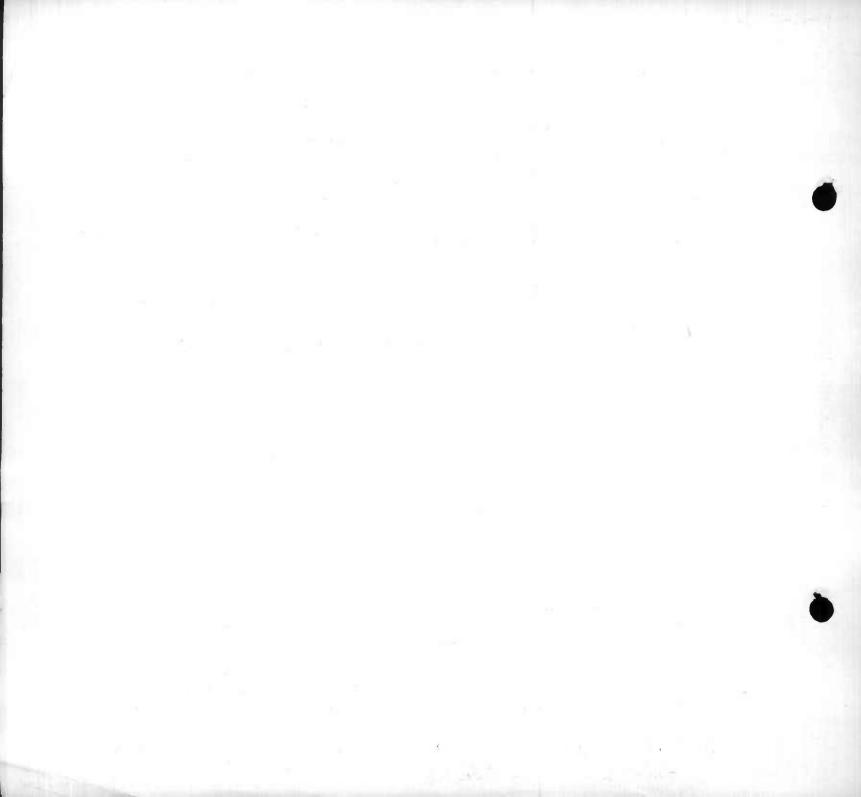
	277 MED	ICAL	EXAMINER'S			DEAT	H REG. NO.	70	627	7
1. NAME OF DECEA (Type or Print)		RY D.	BROOKS	2. DATE OF	Known 🔯	Month	Doy	Year	Hour	_
4. PLACE IN BALTIM	ORE, MARYLAND, V	VHERE PE	ONOUNCED DEAD	JEATH 3. DATE	Estimated	June	10,	1970	9:00	AM
COS PART IN	RO N H PS IV			PRON	DUNCED DEAD	June	10,	1970	9:00	
Sinai Ho	•		7-21-11	5. USUAL A. STATE	RESIDENCE (Where	e deceased li	ed. If institution B. COUNTY	n: residence	before odmis	sign)
6. SEX 7.	RACE	B. MARR	IED NEVER MARRIED	C. CITY C	RTOWN		D. INSIDE C	ITY LIMITS?		8.4
	Negro	WIDOV			Baltimore		Y	ES X	NO 🗌	
9. DATE OF BIRTH	10. AGE (In last birthda		If Under 1 Yr. If Under 24 H Manths Days Haurs 1 N	rs. E. STREET	AND NUMBER					
1. BIRTHPLACE (Supre	or foreign country)		1 2. CITIZEN OF	13. FATHE	5232 St.	Charle	s Avenu	е		
Boston	Man		WHAT COUNTRY?	-1	To beach	9-10-	B.			
14A.USUAL OCCUPAT	ION (Give kind of work	14B. KIND	OF BUSINESS OR INDUS	TRY 15. MOTH	ER'S MAIDEN NA	ME )	0			
Lihool	ing me, even interired)			to	ris Far	lan	D			
16. WAS DECEASED I	EVER IN U.S. ARMED	FORCES	7 17. SOCIAL SECURITY NO.	IB. INFOR	MANT	1	A	DDRESS	alle	. 119
MO	none			Mrs	does 1	troop	1.52	328	4 Chai	res
19.	7		CAUSE OF D	EATH					PROXIMATE IN	
	R CONDITION DIREC	CTLY								
	DING TO DEATH	lna e a	(A)IMMEDIA	ECAUSE CE	rebro-cran	ial in	juries			
heort foilure, osti	henia, etc. It means the otion which coused dec	diseose.	DUE 10, C	R AS A CONSE	QUENCE OF:					
DISEASES OR C	CEDENT CAUSES CONDITIONS, IF ANY OVE CAUSE (A) STAT CONDITION LAST.	, GIVING IING THE	(B)(C)	DR AS A CONS	EQUENCE <b>OF:</b>					
O THE DEATH	ANT CONDITIONS CO BUT NOT RELATED TO NDITION GIVEN IN PA	THE TERMI	ING NAL	~						
20A. DATE OF OP	ERATION 208. CON	IDITION	FOR WHICH OPERATION	WAS PERFOR	MED			21. AUTO	PSY? (Yes or	Na)
_								N	0	
UNDERLYING CAUSE  22D. TIME (Mon	OF DEATH.	Hour	22B. PLACE OF INJURY(e. home, form, foctary, street, ostreet )   22E.INJURY OCCURRE WHILE AT N. WORK	ffice bldg., etc.)	22C WHERE DID (INJURY OCCUR?) Resistertow 22F. HOWDID IN Pedestria	n Road	& Hayw	ard Av	e. 15/	3
23.			7 (77)							
	that I held on I it from: Notural caus	nquiry L		Autopsy 🔲	and that on the		_			
tesotted	A A A	- X-	Acqident X Sui	ide 🔲 H	omicide		ed monner	_		
ACTUAL	( lear / S	1	V-A	ASS	ISTANT MEDICAL E				DATE SIGN	ED
SIGNATURE_ EXAMINER'S NAME (Type	Charles	S. Sp	ringate, M.D.	1.0.	OCIATE MEDICAL E			une 11	, 1970	
24A. BURIAL CREMATI			24C. NAME of CEMETER	Y or CREMAT	ORY 24D. I	OCATION	(City, town	county)	(State	1)
25A. DATE REC'D BY H	HEALTH DEPT.	3 197 1258. N	AME OF REGISTRAR	es Cem	FUNERAL DIRECTO	Pipe.	well	DDRESS	>,	The second
	22 1970 R	Bert E	Jaber, M.D.	8	rank 3	1. Yle	well	Dik	Exint	Na
/S 151-REV. 7/1/68	N. Q + 13	-			1c (4		-			

Letter from M. E. woffer H. 7-21-70 M. H.

V\$ 150-REV. 1/

BALTIMORE CITY HEALTH DEPARTMENT





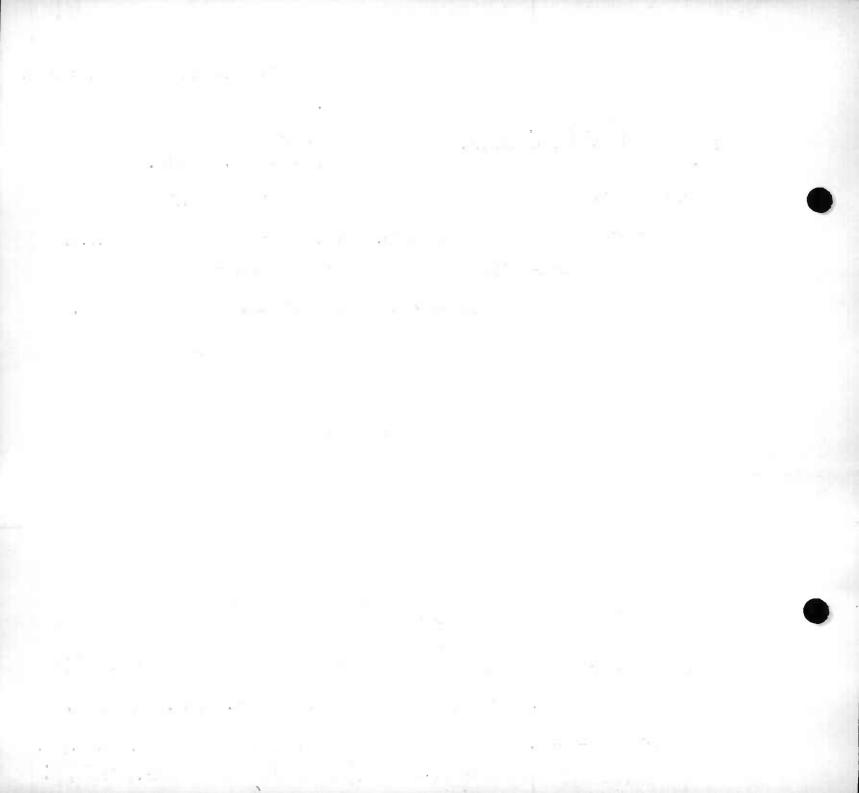
Such

				HEALTH DEPARTMENT		70	0280
BIRTH NO.	70	628	O CERTIFICA	TE OF DEATH	REG. NO	70	beou
1. NAME OF DECEA (Type or Printl		TOTAL 3	EO TINA SE		ND HOUR OF DEATH		
3. PLACE IN BALTIA	ORE MARYLAND, W		COLITAY DUNCED DEAD	Jun	ere deceased lived, If in	stitution: reside	3 : 30 P
FULL NAME OF	UE NOT IN HOSPIT	AL OF INST	THE STREET	Md.	NTY		7605
HOSPITAL OR	Address or Loc.		TUTION, GIVE STREET	C. CITY OR TOWN	D. INS	IDE CITY LIMIT	S?
	ltimore,		Md.	Baltimore		YES T	NO 🗌
00	,	,			St. # 2122	4.	
5. SEX 6.	RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	II Under 1 Months Do	Yr., If Under 24 Hi
Male	White	WIDOWED		June 20, 1890	79	Months Do	ys Hours Min.
OA, USUAL OCCUPA	ATION (Give kind of work king life, even if retired)	10B KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE IStote or lor	eign countryl	12. CITIZEN	OF WHAT COUNT
Retir		Martin	Aircraft Co.	Austria-Hun	garv	Ti Ti	S.A.
3. FATHER'S NAME		-		14. MOTHER'S MAIDEN NA	ME	-	
		r Kolts			ose LePosa		
Yes, no or unknown! (If	er In U. S. Armed For yes, give war or dote	ces? s of service)		17. INFORMANT		AD	DRESS
No	-		554-01-9209	Elizabeth Ko	ltay	S	ame.
DISEASES OR	colion which coused TECEDENT CAUSES CONDITIONS, il above cause (A) CONDITION (asl.	ony, giving	(c) Stann	A CONSEQUENCE OF:	- ·		
z	11						
TO THE DEATH E	INT CONDITIONS CO BUT NOT RELATED TO TO DITION GIVEN IN PAR	HE TERMINAL	************	**************************************			
	PERATION 198 CON WAS PERI	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CO USES OF DEA	NSIDERED TH?
21A. ACCIDENT OR CONTRIBUTION DEATH (notify mo	WAS UNDERLYING CAUSE OF	21 ho etc	B. PLACE OF INJURY (e.g., i me, form, foctory, street, of :.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Bollimor	e City, give ex	oct location)
OF INJURY	Nonthi (Doyl (Year)		E INJURY OCCURRED	21 F. HOW DID IN.	IURY OCCUR?		
APPROX)		W	hile At Not While ork At Wark				
22. I certify the	at (1) (this hospital	) attended	the deceased from		19 70 to -	ul	1970
	st saw the decease		15		not In (my) (our) apl	nlan death o	ccurred on the do
	om the causes stot	ed above.	(1) (We) (did) (did not) v	lew the body after death.			
23A S) GNATURE	enterjae	u w	DEGREE Atte	nding Med.	Staff Phys.	23 B. DATE SI	9 /70
23 C. PHYSICIAM'S NAME (Type	RAFAEL A	. SAN	TAYANA	6010 Eastern	Ave.,Balto.	21224	, Md.
24A. BURIAL CREMA REMOVAL (Spe		24C. N	IAME OF CEMETERY OF CRE			ly, town, or co	

6-20-70. Oak Lawn Comotory 72

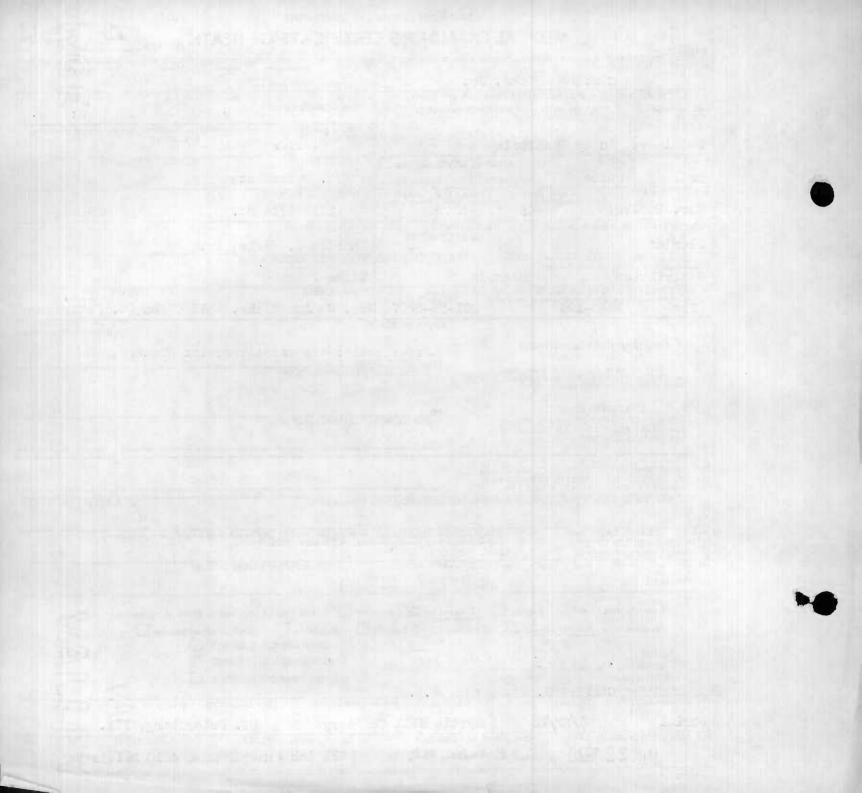
H DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECT

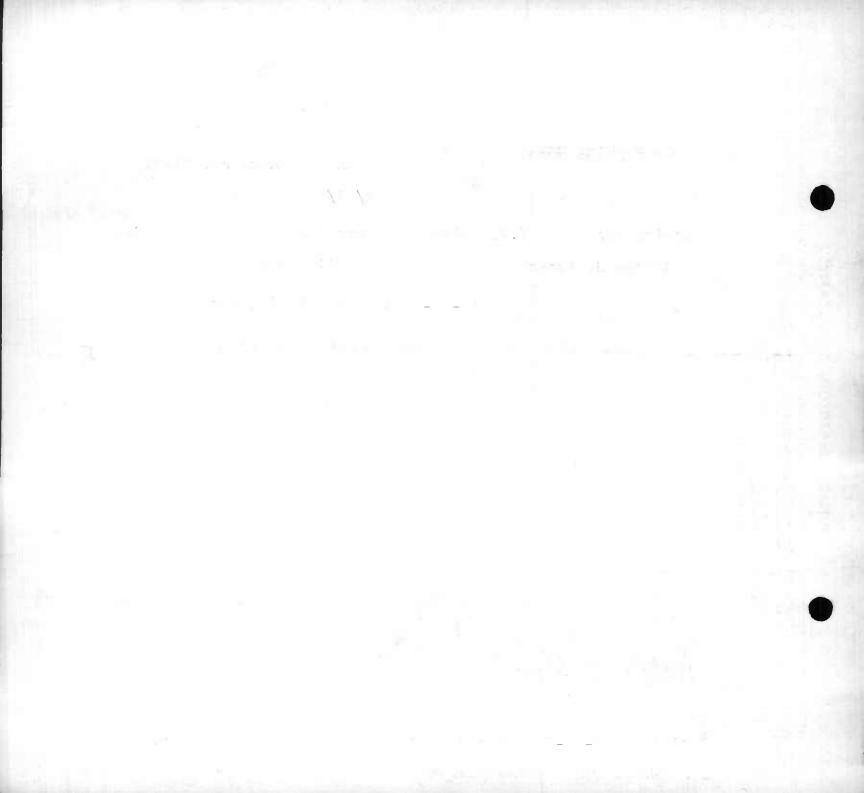
1970 Joben E. Janben M.A. Scharles A. Eastern Blvd., Ba.Co., Md.
6224 Eastern Nive.
Balto., 21224, Md. Burial VS 150-REV. 1/1/4°

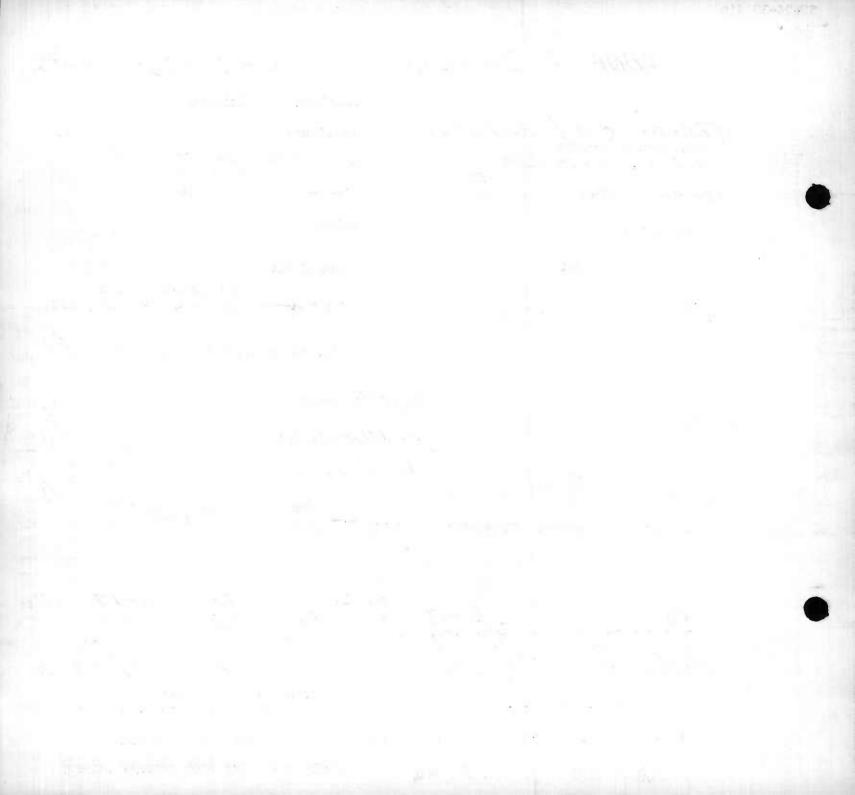


BALTIMORE	CITY LIE	AITH DE	DADTLIEST

70 6281 MEDICAL EXAMINER'S (	CERTIFICATE OF DEATH REG. NO. 70 6281
1. NAME OF DECEASED	2. DATE Known Month Day Year Hour
(Type or Print) Charles Hicks, Jr.	OF DEATH Estimated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  OR INSTITUTION	PRONOUNCED DEAD 6 17 70 5:45 p.
Baltimore City Hospitals	S. USUAL RESIDENCE (Where deceosed lived, if Institution: residence before odmission)  A. STATE  Florida  B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male white widowed Divorced	St. Petersburg
9. DATE OF BIRTH  Mar. 8, 1924  10. AGE (In years   H Under 1 Yr. If Under 24 Hrs. Months, Days   Hours   Min.	
11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF	13. FATHER'S NAME
Florida WHAT COUNTRY?	Charles G. Hicks, Sr.
14A.USUAL OCCUPATION (Give kind of world 148, KIND, OF BUSINESS OR INDUSTR	VIS. MOTHER'S MAIDEN NAME
Distributer  Records	Wilma ?
(Yes, no or unknown) ((If yes, give wor or dotes of service) Yes 1940–1962 261–28–5207	18. INFORMANT ADDRESS Fla.
	Mrs. Jo Ann Hicks, 2518 67Thm St. Petersburg
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH Arterio	osclerotic cardiovascular disease
(This does not mean the made of dying, e.g., (A)IMMEDIATE O	AS A CONSEQUENCE OF:
heart follure, osthenia, etc. It means the disease, Injury or complication which coused death.)	A A A A A A A A A A A A A A A A A A A
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
I UNDERLYING CONDITION LAST	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED [21. AUTOPSY? (Yes or No)
Ö	no no
ZZA. EXTERNAL CAUSE WAS 1228 PLACE OF INJURY (e.g.,	
UNDERLYING OR CONTRIB. home, farm, factory, street, affice	In ar obaut 22C, WHERE DID (If In Baltimare City, give exact location)  bldg., etc.) INJURY OCCUR?
☐ UTING ☐ CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour)   22E.INJURY OCCURRED	200 11000000000000000000000000000000000
OF INJURY	WHILE
(APPROX.) m. WHILE AI NOT AT W	
I was a second of the second o	
	tapsy and that on this basis, death in my opinion
resulted from: Notural causes Acatelent Suicid	le Homicide Undetermined monner
	CHIEF MEDICAL EXAMINER
SIGNATURE Clarks J Jak M.D.	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Charles S. Springate, M.D.	6/18/70
24A, BURIAL CREMATION. 124B, DATE 124C NAME of CEMETERY	
REMOVAL (Specify) Burial 6/22/70 Myrtle Hill C	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
	25C. FUNERAL DIRECTOR ADDRESS
JUN 22 1970 Valent E. Farber, M.D.	Ullrich Funeral Home 4210 Belair Road
VS 151-REV. 1/1/6B	

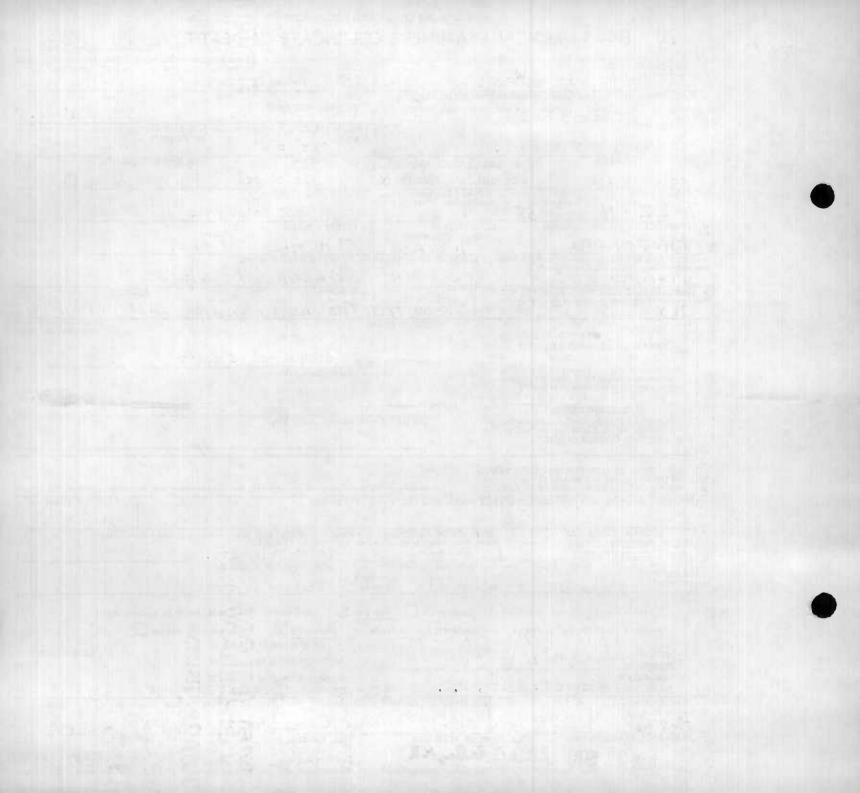






F-400

70	6284	MED	ICAI	. E	KAMINER'S			F DEAT	H REG. NO	70	628	4
1. NAME OF (Type or Print)		Alber		 o11		2. DATE OF DEATH	Known 😡	Month	Doy	Yeor	Hour	
FULL NAME OF	ADDR	AKTLAND, Y	AL OR INS	RONC	DUNCED DEAD ON, GIVE STREET	3. DATE	INCED DEAD	Month 6	Day 16	Year 70	9:20	а. м
OR INSTITUTIO		12 Main	e Ave			I A. STATE	sidence (whe	ere deceosed liv	ed. If Institution B. COUNTY	n: residence	before odmi	ssion)
6. SEX	7. RACE		8. MARI	RIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	TY LUNITS?	, ,	
male 9. DATE OF	white	110 405 (1	WIDOY				Baltime	ore	,	res 🗸	NO 🗆	
7-2	2 - //	10. AGE (in lost birthdo		Mont	der 1 Yr. II Under 24 Hrs. hs: Days   Haurs   Min.	E. STREET A	AO12 M	aine Ave				
Pa	E(Stote or forei	gn country)			HAT COUNTRY?	13. FATHER'S	OMAS	Fo	-1			
14A.USUAL O	, ,	re kind of work	14B. KIND	OF E	SUSINESS OF INDUSTRY	15. MOTHER	'S MAIDEN N					
UNE	MPLOYE	D			ELWORKER	MA	RGAR	ET W	HITE	=		
16. WAS DEC	ASED EVER IN	U.S. ARMED	FORCES	5?	17. SOCIAL SECURITY NO.	18. INFORM	ANT			DDRESS		
N 6			-		215-09-943 CAUSE OF DEA		MAS LI	KILET	29	10 ED	PROXIMATE II	HWY
DISEAS RISE TO UNDER OTHER S	es not meen the lure, esthenia, eit complication whi  ANTECEDENT ES OR CONDITI IHE ABOVE CA LYING CONDIT IGNIFICANT COL DEATH BUT NO	CAUSES ONS, IF ANY USE (A) STATION LAST.  II NDITIONS CO	GIVING THE	TING	(8)	AS A CONSEQU						•
	OF OPERATION				WHICH OPERATION WA	S PERFORME	D			21. AUTO	PSY? (Yes	or No)
0/2										yes		
UNDERLY		TRIB-		r) 22 W	LACE OF INJURY (e.g., furm, factory, street, affice home  E.INJURY OCCURRED  HILEAT NOT ORK AT W	WHILE	C. WHERE DID UURY OCCUR 012 Main F. HOWDID I	ne Ave.	R?	act location)		
ACTI SIGN EXAI	ATURE V		h	1	Inspection Autorities Suicident M.D.	e Hor	and that on micide X HIEF MEDICAL TANT MEDICAL	this basis, of Undetermine EXAMINER EXAMINER EXAMINER	death in my ed manner		DATE SIGN	
24A. BURIAL C	REMATION, 2	6-18-			HOLY REDEA	CREMATOR		LOCATION	(City, taw	n, or county)		
	O'D BY HEALTH	DEPT.	25B. N	AME O	OF REGISTRAR	25C. FI	EM. 4 UNERAL DIRECT	TOR	ELAIR R ER 9	D. BAL		
/S 151-REV. 1/									>	1201.	ro, m	2.



	CONTINUE CITY HEALTH DEPARTMENT REG. NO. 70 6285
13/ and the day	BIRTH NO. CERTIFICATE OF DEATH
- a a a a a a a a a a a a a a a a a a a	1. NAME OF DECEASED.  (Type of Print)  Colober Roze D.  2. DATE AND HOUR OF DEATH,  (Type of Print)  Colober Roze D.  3. PLACE IN BALTIMORE, MARYLAND, WHERE RONOUNCED DEAD  [4. USUAL RESIDENCE (Whyle deceased lived) II institution: residence belove admission)
hosp (5)	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  ADDRESS OR LOCATION)  A STATE B. COUNTY  MARY LAND  C. CITY OR TOWN D. INSIDE CITY LIMITS?
ng cau	E. STREET AND NUMBER
- L D O B T	1 5817 A WESTERN RUN DRIVE #21209
occur ontrik regul is ma	FEMOLIS WIDOWED DIVORCED 8-1-1900 lost birthday) Manths Days Haurs Min.
or condeth	HOUSEWIFE AT HOME RUSSIA USA
direct of the was	SAMUEL GARONZIK  14. MOTHER'S MAIDEN NAME LEAH LEIBOWITZ
Stant ind; eath aldi	15. Was Deceased Ever in U. S. Armed Farces? (Yes, na or unknown) (if yes, give war ar dates at service)  SECURITY NO.
assista if the my kind dea lance of trinal	NO 213-32-9659A MR. WILLIAM B. GOLDBERG. 5817 A. WESTERN RUN 1
IMPORTANI or his assistant Also, if the dir e of any kind; ( nounced death attendance on med or final dir	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A)IMMEDIATE CAUSE  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  (A)IMMEDIATE CAUSE
. = = =	(This does not mean the mode of dying, e.g., heart failure, astheria, etc., injury or complication which caused death.)  ANTECEDENT CAUSES
exan (s) A (wh wh re	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: rise to the obove couse (A) stoling the UNDERLYING CONDITION last.  (C)
dic dic	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
A is a b sist	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
10 th	OR CONTRIBUTING CAUSE OF home, factory, street office bidgs, INJURY OCCUR?
hosp nature tept v d (6)	21D. TIME (Month) (Day) (Year) (Hous) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY (APPROX.) While At Work At Work
0 80	22. I certify that (1) (this hospital) attended the deceased from 12 1/1 19 10 to 0 1 19 1hat (1) (we) last sow the deceased alive on 19 19 and that in (my) (our) opinion decth occurred on the date
nt chit	and hour and from the causes stated above. (1) (1) (did) (did not) view the body after death.  23A. SIGNATURE
52.220-	Tourn C Phys. Attending Med. Staff 6/17 70
y was re (1) An ace 3.A. at a d prior t	HYUN TAIK OH Canai Hose, of Mal I
is certi e body ows: (1 as D.O.	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREMATORY 24D. LOCATION (Oily, town, or Gunly) (State)  BURIAL 6-19-70 CHIZUK AMUNO (ARLINGTON) BALTIMORE, MARY LAND
This certify the body shows: (1) was D.O. deceased written a	JUN 22 1970 JUNESE E. Jaben MA 250. FUNERAL DIRECTOR BROS., 6010 REISTERSTOWN ROAD
	VS 150-REV <sub>0</sub> 1/1/68

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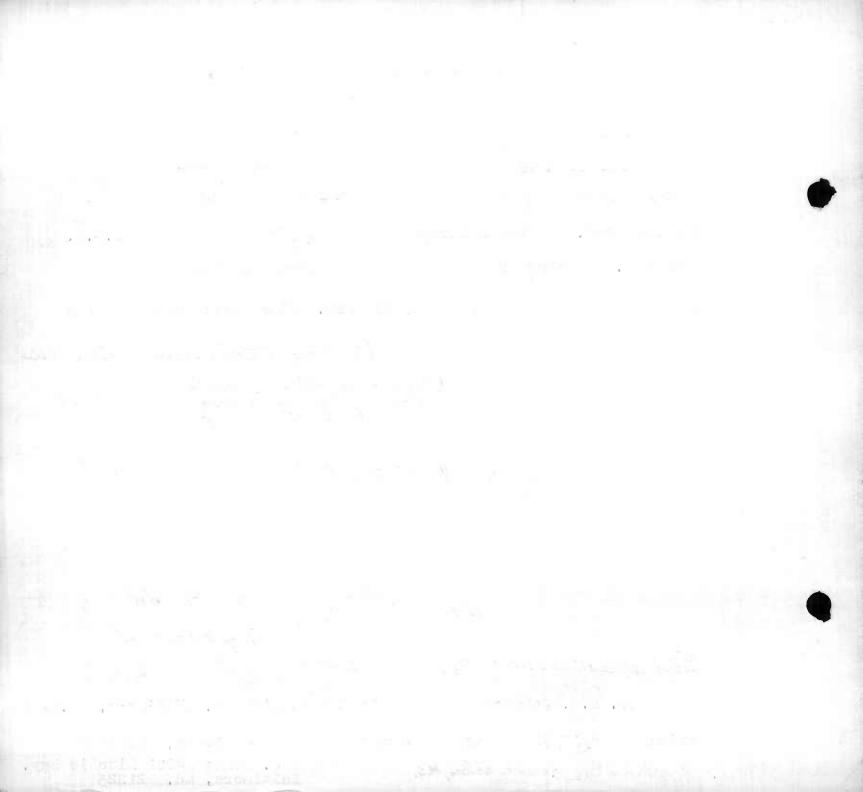
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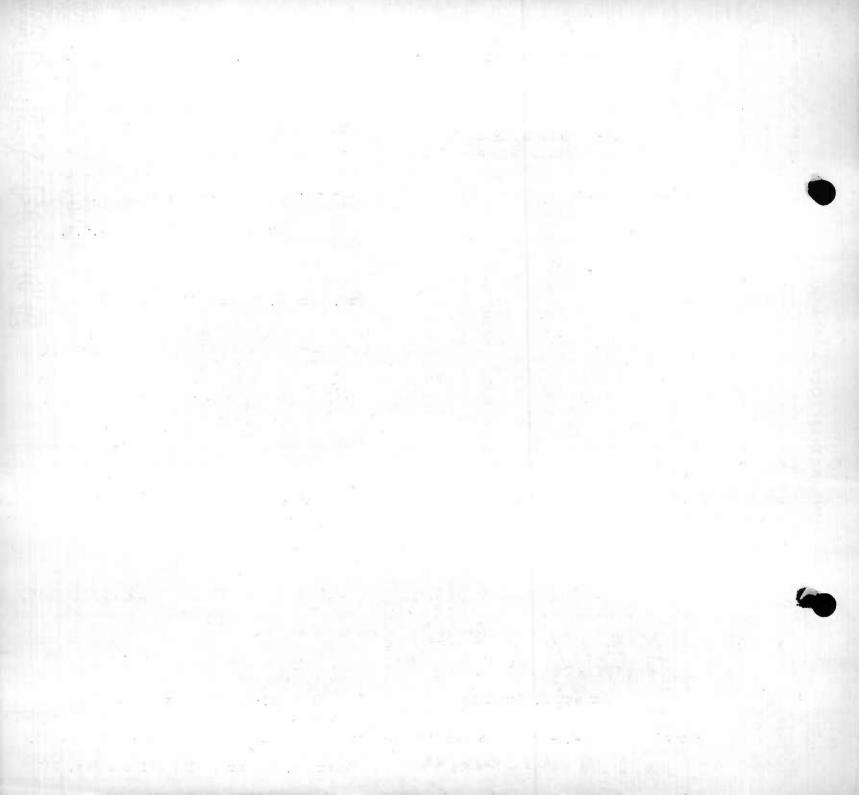
valilings, but, according

les O	BALTIMORE CITY	Y HEALTH DEPARTMENT	100 .000
BIRTH NO. 70 6	289 CERTIFICA	TE OF DEATH REG. NO	70 6289
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF DEATH	
HENNEBERGER	HENRY C. JR.	The second secon	
3. PLACE IN BALTIMORE, MARYLAND, WHERE	RONOUNCED DEAD	June 15, 1970  4. USUAL RESIDENCE (Where deceased lived, If it	institution; residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION CIVE STREET	A. STATE B. COUNTY MARYLAND	10/6
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	0.77	SIDE CITY LIMITS?
ST. AGNES HOSPITA	L	BALTIMORE	YES X NO
CATON & WILKENS A	VE.	E. STREET AND NUMBER	
BALTO, MD, 21229		4234 FREDERICK AVE.	
5. SEX 6. RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hr
	OWED DIVORCED	7-2-07   lost birthdoyl 62	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. Ki	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTS
done during most of working the, even it renied?	O Railroad		
13. FATHER'S NAME	o Railloau	Maryland	U.S.A.
		14. MOTHER'S MAIDEN NAME	
Henry C. Henneberge		Blanche Lowell	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	705 05 5427	Mrs. Helen Henneberg	ger Same
18.4/0.914-35	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	917		BETWEEN ONSET AND DEAT
LEADING TO DEATH	AND HEDIATE CAN	Germany Otchesin	v Suddac 1961
(This does not meen the mode of dying, heart failure, asthenia, etc. it means the dis	e.g., DUE TO, OR AS	A CONSEQUENCE OF	Becker
injury or complication which caused death.)	Car Di	A CONSEQUENCE OF	
ANTECEDENT CAUSES	Capaci	Ville E	10/1
DISEASES OR CONDITIONS, if any,	iving DUE TO, OR AS	A GONSEQUENCE OF!	1761
rise to the above cause (A) stating	the	a de la constante de la consta	
UNDERLYING CONDITION lost.	(C)		
z		/	107
O THE DEATH BUT NOT BELATED TO THE TERM	ING Diahus	es mellette	1958
¶ DISEASE OR CONDITION GIVEN IN PART 1 (A)	***************************************		
19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A- AUTOPSY? (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS LINDERLYING			OSCS OF DEATH!
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY le.g., in home, form, foctory, street, off	or about 21C. WHERE DID (II in Boltimor	e City, give exact location)
S menty medical examines	etc.)		
21D-TIME (Month) (Doy) (Year) (Hour)	WILL WAS AND WATER	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Not While		
22 1		1	He ou
22. I certify that (1) (this hospital) attended at (1) (1) (1)		100 1950 to to	9 N 19 /U
that (i) (we) last saw the deceased alive		19 <i>20</i> and that in(my) (aur) api	nian death accurred on the dat
and hour and from the causes stated aba	ve. (I) (We) (did) (did nat) vi	ew the bady after death. My aga	reat
23A, SIGNATURE			23B, DATE SIGNED
Edid w rafterme		ding Med. Staff Phys.	4/18/20
23C.PHYSICIAN'S	DEGREE	3D. ADDRESS	41910
Dr. E.W. John			timomo 1/12 04 06
	DEGREE		
REMOVAL (Specify)	C.NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION (Cit	y, town, or county) (State)
Burial   6/19/70	New Cathedr		Maryland
	ME OF REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS
JUN 22 1970 Rabert	E. Jaber M.D.	Baltimore, Md.	
S 150-REV. 1/1/6B		Day Linore, Mo.	61.665



FUNERAL DIRECTOR: IMPORTANT

		000	BALTIMORE CITY				711 0201
BIRTH NO.	70	6290	CERTIFICA	TE OF DEA	I H	. NO	10 6230
1. NAME OF DEC Type or Print)	MARY	RACHEL	HOYER		ine 18, 19		2 30 p.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUN	ICED DEAD	4. USUAL RESIDENC	E (Where deceased I	lived. If instit	tution: residence belore admiss
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA		ION, GIVE STREET	Maryland c. City or town		D. INSIDE	2553 CITY LIMITS?
None non	1016 1/21	1 0		Morrell Par	:k	Y	YES X NO
00	1916 Maise			E. STREET AND NUM	BER		
	Baltimore,	Marylan	nd 21230	1916 Mais	el Street		
. SEX			NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In y lost birthdoy)	eors I	If Under 1 Yr. If Under 24 Months Doys Hours Mir
Female	White	WIDOWED		10-9-1888	81		
	UPATION (Give kind of work working life, even if retired)	IOB, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLA CE (Stote	or foreign country)		12. CITIZEN OF WHAT COUN
Housewif	fe			Ma	ryland		U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAID	N NAME		
	John Kuhl			Ţ	Inknown		
5. Was Deceased	Ever in U. S. Armed Ford	es?	6. SOCIAL	17. INFORMANT			ADDRESS 2123
No	ill yes, give wor or doles	of service	SECURITY NO.	Mrs. Mary H	. Howard,	2205 W	ashington Blvd.
DISEASES OF CONTROL OF THE DEAT DISEASE OF CONTROL OF THE DEAT DISEASE OF CONTROL OF THE DISEASE OF THE DISEASE OF CONTROL OF THE DISEASE OF THE	LEADING TO DEATH  nal mean lhe made af asthenia, etc. It means inplication which caused  ANTECEDENT CAUSES  OR CONDITIONS, if a above cause (A) G CONDITION last.  II FICANT CONDITIONS CON IH BUT NOT RELATED TO TH- CONDITION GIVEN IN PACE FOREATION 198. CONI WAS PERF	the disease, death.)  any, giving stating the   NTRIBUTING IETERMINAL (1 (A).	(c)	A CONSEQUENCE OF:  A CONSEQUENCE OF	mat for  yestense  s or No! 208. IF YE IN CERTIF'	s, were fin	D  IDINGS CONSIDERED ES OF DEATH?
D 21A. ACCIDE	NT WAS UNDERLYING	21 B. PI	LACE OF INJURY (e.g., i	n or obout 21 C. WHERE	DtD (If i	n Boltimore C	City, give exoct location)
<b>▼</b> DEATH (notify	UTING CAUSE OF medical examiner	home,	form, foctory, street, of	fice bldg., INJURY OCC	CU R?		
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21 E. II While Work	NJURY OCCURRED  At Not While At Work	e 🗀	ID INJURY OCCUR	??	. /
		ottended the	deceased fram	/ -	19 7C to		6/18 19 70
that ( (we)	d from the couses state	d olive on (1)	Kas LO Atte	nding Med. Director 23D. ADDRESS	Staff Phys.	23	3B, DATE SIGNED
and hear of 23A/ SIGNATU	d from the couses stot	d olive on ded obove. (1)	Res CAREE Phys	nding X Med. Director  23D. ADDRESS  5404 East I	Shaff Phys.   Drive, Balt	imore,	38, DATE SIGNED/ 6/19/70. Md. 21227
that (1) (we) and hear one 23A/ Sign at U	d from the couses stote  INS  When the couses stote  INS  Herbert J.  MATION,  248. DATE	d olive on ded obove. (1)	Kas COEGREE Phys	nding X Med. Director  23D. ADDRESS  5404 East I	Staff Phys.	imore,	38. DATE SIGNED/
thot (1) (we) and herrore 23A/ SIGNATU 23A/ PHYSICIA NAME (T	d from the couses stote  INTS  WATION, 248. DATE  Specify)  6-21-70	Levicka	Atte Physics Action Physics Action Cemetery of CRI	nding Med. S. Director 23D. ADDRESS 5404 East I	Shaff Phys. Drive, Balt	imore,	38, DATE SIGNED/ 6/19/70. Md. 21227



IMPORTANT

DIRECTOR:

FUNERAL

approved

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

NO Y

ADDRESS

ADDRESS

APPROXIMATE INTERVAL

In haspital since 5/29/37

P-600

70 6292 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	70 6292
I. NAME OF DECEASED (Type or Print) HOWARD, PERRY	2. DATE Known Month Doy	Year Hour
	DEATH Estimoted	M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 6 15	1970 11:05 A <sub>M</sub>
or institution 32.05 35.05 Lilly Ave.	5. USUAL RESIDENCE (Where deceased lived. If Institution A. STATE Md. B. COUNTY	residence before admission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
Male White WIDOWED DIVORCED	Balto.	sE NO 🗆
9. DATE OF BIRTH 10. AGE (In years of Under 1 Yr. 11 Under 24 Hrs lost birthday)  3 / 9 / 19 2 7 Indian Ind	. E. STREET AND NUMBER	<u> </u>
11. BIRTHPLACE (State or foreign country)  INDIANA  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	PERRY
14A, USUAL OCCUPATION (Give kind of work) 4B, KIND OF BUSINESS OR INDUSTR	RY 15. MOTHER'S MAIDEN NAME	CARY
done during most of working life, even if retired)	Dolly McGec	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (il yes, give wor or doles of service)  YES  WWII + KOREN  311-20-4913		DRESS Lilly Are
19. CAUSE OF DE	1 1 1/10/1/1 4/1/	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
LEADING TO DEATH (A)IMMEDIATE	CAUSE Gunshot wound of head	
	AS A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
I IINDERIVING CONDITION LAST		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
		yes
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ CAUSE OF DEATH.  228. PLACE OF INJURY (e.g., home, form, loctory, street, offit home	, in or about 22C. WHERE DID (II in Baltimare City, give exact bldg., etc.) INJURY OCCUR?	t location)
UTING CAUSE OF DEATH. home	ce bidg., etc.) 101 URY OCCUR? 3205 Lilly Ave. 1st flo	or front kitchen
	22F. HOW DID INJURY OCCUR?	
(APPROX.) 6-15-70 10:40 A WHILE AT NO.	Subj. shot himself.	
I certify that I held an Inquiry Inspection A	ond that on this basis, death in my	
resulted from: Natural causes Accident Suici	de X Homicide Undetermined manner	J
ACTUAL DE POLICIO	CHIEF MEDICAL EXAMINA	DATE SIGNED
SIGNATURE MICHAELE M.E		
EXAMINER'S NAME (Type) Isidore Mihalakis, M.D.	ASSOCIATE MEDICAL EXAMINER	6-15-70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME C. JEI TRY	or CREMATORY 24D. LOCATION (City, town,	
BURINI 6/19/70 BAITO. NATIO	NAI Ceny BAITE.	Md
JUN 2 2 1970 Pale & E. Jaber M.D.	25C. FUNERAL DIRECTOR AD	DRESS reclarick Rd
VS 151.0FV 3/7/A8 A	1 O. Marifallo 301 1.	21228

Lily ave. Section Appears of the first Residue 2.57.

1. NAN (Type o	E OF DECEASE			TH LURLINE		TE AND HOUR OF DEAT	
3. PLA		DRE MARYLAND, W	HERE PRONOU	IN CED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If	institution: residence before admis
HOSPIT INSTITE	MOITU	ADDRESS OR LOCAL	IION)		MARYLANI C. CITY OR TOWN	D. IN	21843 6 /
4	() CA	IW & NOTA	LKENS		E. STREET AND NUME		YES NO 🐧
5. SEX	6. RA			NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. If Under 24
		WHITE	WIDOWED	DIVORCED	09/28/21	lost birthdoyl	Months Doys Hours Min
cone qui	DAL OCCUPATION OF MORE OF THE PROPERTY OF THE	ig lile, even it refired)	108 KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE (Stole of		U.S.A.
13. FAT	HER'S NAME				14. MOTHER'S MAIDEN	I NAME	
	HN G WI				ALLDIA ST	TERLING (AL	ledia)
15. Wes (Yes,no	Deceased Ever or unknown) (If ye	in U. S. Armed Forces, give wor or dotes	es? of service)	6. SOCIAL SECURITY NO.		BALTO MD 21	229 ADDRESS
	0	A				CORDS CATO	& WILKENS AVE
18.	DISEASE OR	CONDITION DIRE		CAUSE OF DEA	here farce	ran @ cerel	APPROXIMATE INTERV. BETWEEN ONSET AND DE
hec	orl foilure, osthe	eon the made of onio, etc. It means t	he disease,	DUE TO, OR AS	A CONSEQUENCE OF:	*****	
inju	ry at camplicol	lion which caused a	death.)	cere	arel Spane	a, post a	P
Die		CEDENT CAUSES ONDITIONS, if o		(8)	A CONSEQUENCE OF:	<i>U</i>	<i></i>
nise	lo the ob	ove couse (A)	ny, giving stating the	(c) Que	A CONSEQUENCE OF:	eg. destal	Caracin.
ATION OTH TO TO TH	ASE OR CONDIT	II T CONDITIONS CON T NOT RELATED TO THE TION GIVEN IN PART	1 (A).	*************	****************	eg. Dertal andherin s & asses	
E / 0	6/12/70	NATION 198 COND	CEREBI	RAL HEMORRE	AGE NU		FINDINGS CONSIDERED AUSES OF DEATH?
OR DEA	in thouly medic		etc.)	, farm, foctory, street, o	n or obout 21C. WHERE D ffice bldg., INJURY OCCU	D (If in Boltime	ore City, give exact location)
< (API	TIME (Mon NJURY PROX.)		While Work		• 🗆	INJURY OCCUR?	
22.	I certify that	(1) (this hospital)	attended the	deceosed from	NE 6	19 70 to JUN	IE 14 19 70
that	(N (we) lost	sow the deceased	olive on	JUNE 14	19 <u>70</u> an	d that in (m)() (our) op	Inlon deoth occurred on the d
ond	haur and from	the couses stote	d abave. (X)	(Me) (q1q) (X(X X/V)	lew the body ofter dec	ith.	
-574	0	malen		Ath	nding Med.	T Shoff TO	23B, DATE SIGNED
23 C.	PHYSICIAN'S NAME (Type)	- 5000	7	DEGREE Phy	Director L		06/14/70
		FO ALONS	о м п		DA	LTO MD 2122	-
AA. BU	RIAL CREMATIC	ON, 248 DATE	24C.NAA	DEGREE	ST AGNES HO		TON & WILKENS A
Buri	lal	6/17/70	Epis	copal Cemete:			Somerset, Md.
5A. DA	TE REC'D BY HI		SE NAME OF	REGISTRAR	25C. FUNERAL DIRECT		ADDRESS

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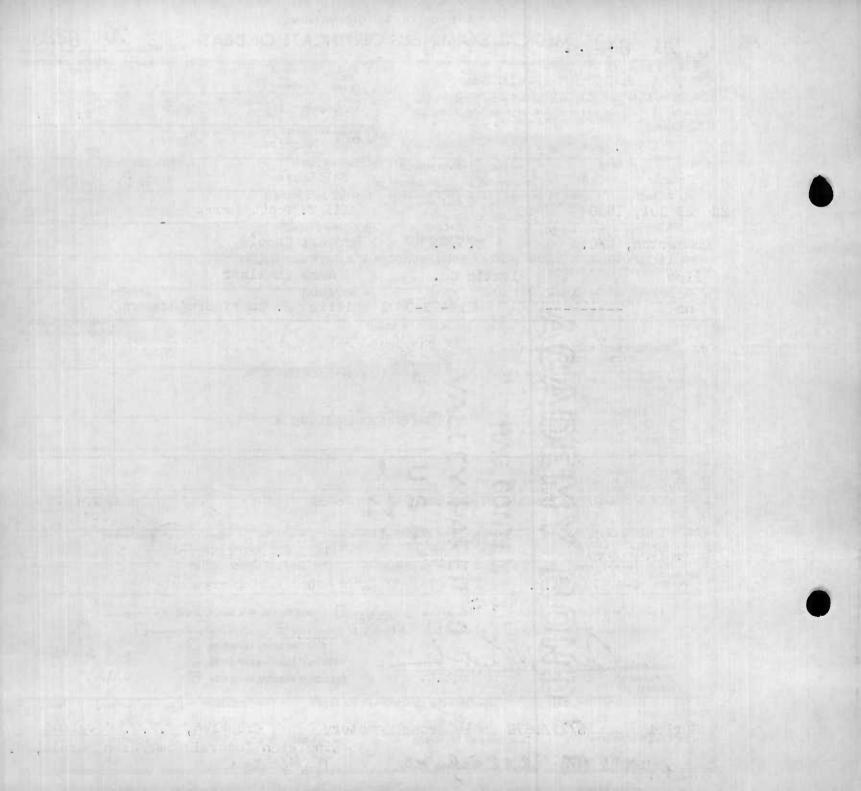
BALTIMODE	CITY HEALTH	DEPARTMENT
DALIMI JEE	CUT PERMITE	UPPAVIATENI

BI	70 RTH NO.	6294	MED	ICA	L EX	AMINER'S	SC	CERTIFI	CATE C	)F	DEAT	H REG. N		0	6294
1.	NAME OF DE	CEASED						2. DATE	Known [	)	Month	Day	Y	ear	Hnur.
	Rober	t WILL	IAM BRA	ADSHA	W			OF DEATH	Estimoted		6	11	70	)	5:10 p M
4.	PLACE IN BA	LTIMORE, M.	ARYLAND W	HERE P	PONO	NDEL	)	3. DATE	UNCED DEAD	)	Month June	Day	197	eor 70	5:10 p <sub>w</sub>
OR	INSTITUTION					7-14-70		A. STATE	esidence (w Marylan	_	deceased li		tion: resid		pefore admission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED							C. CITY OR				D. INSIDE		uTS?	2/1/	
	Male	White		1	WED 🗌	DIVORCED		cl	risfiel	d			YES 🔀	1	NO 🗆
9.	DATE OF BIR		10. AGE (Ir lost birthdo	Yeors	I Wnd	er I Yr. If Under 24	Hrs.	E. STREET	ND NUMBER	R	D.d.		113		
	BIRTHPLACE	(State or fore)		00	12. CII	IZEN OF	-	13. FATHER		.e .	Ku.			-	
	Maryla	nd	300		Wi	HAT COUNTRY?	1	Willi	lam H. H						
don	USUAL OCC	UPATION (Gir working life, er	ve kind of work ven if relired):			ISINESS OR INDU	STRY			NAM	(E				
	Perchan	it	159		rdwai				Marsh						
	WAS DECEA					7. SOCIAL SECURITY NO.		18. INFORA	MANT				ADDRES	S	
	No				1	218-14-243	33	Stella	c. Bra	ads.	haw,	Crisfie	1d, 1	Md.	21817
CERTIFICATION	(This does heart lailur injury or co	SE OR CONE LEADING TO LEADING TO LEADING TO LEADING TO LEADING TO LEADING LEAD	D DEATH mode of dyi Il meons the lich coused dead CAUSES ONS, IF ANY. USE (A) STAT ION LAST. II NDITIONS CC.	disease, disease, th.)  GIVING THE	TING	(8)	OR A	AUSE IT S A CONSEQ AS A CONSEC		ebra	al hen	norrhag	ge		
CERTI						HICH OPERATION	I WA	S PERFORM	ED				21. A	UTOF	SY? (Yes ar No)
	22A FV9F	NAL CAUSE	1414.5		1000 01										es
22A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIBUTION (See an in or obout 122C. WHERE DID (II in Baltimore City, give exact location) home, form, foctory, street, office bldg, etc.) INJURY OCCUR?  LOCAL EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIBUTION (II in Baltimore City, give exact location) and provided the striking head  22B. PLACE OF INJURY (e.g., in or obout 122C. WHERE DID (II in Baltimore City, give exact location) Jacksonville Road  LOCAL EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIBUTION (II in Baltimore City, give exact location) Jacksonville Road  22F. HOWDID INJURY OCCUR?  WHILE AT WORK Subject fell - striking head								69-00 Id							
		URE E	Do	ale	Acc	Inspection Suident Su	Aut	opsy XX Ho ASSIS	and that o micide CHIEF MEDICA STANT MEDICA CIATE MEDICA	on thi U AL EX	is basis, Indetermi CAMINER CAMINER	death in m	ny opinio	on 1	DATE SIGNED
24. RE	A. BURIAL CRI	MATION.	248. DATE	idor	24C.	halakis. M NAME of CEMETE	ERY o	r CREMATO	RY 2	4D. L	OCATION	(City, to	6/12 own, or co	_	(Stote)
В	urial		6/14/7	0	St	unnyridge	Cer	metery		Cr:	isfiel	Ld, Som	erset	t, 1	Md.
25	JUN	2 2 197	DEPT.	25B. N	IAME O	F REGISTRAR		25C. F	UNERAL DIRE	CTO	R		ADDRES	S	
VS	151-REV. 1/1/6	8		100											

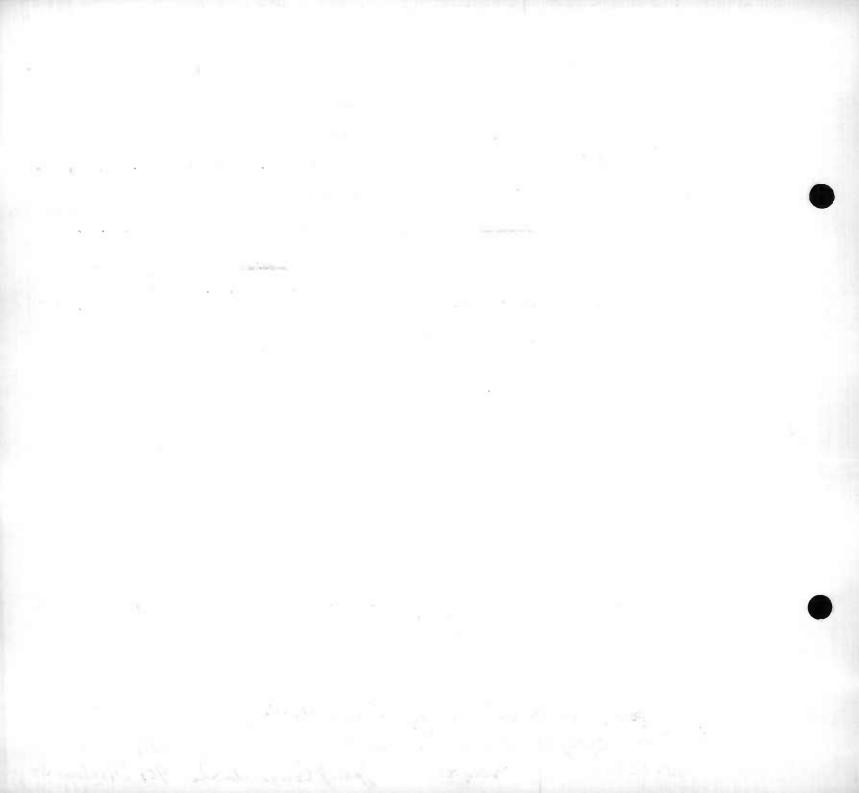
M.H

1-656

BIRTH NO.	6295. MED	ICAL	EXAMINER'S C		OF DEAT	H REG. NO.	70 6295
I. NAME OF DECI		OWRIM	ORE	2. DATE Known OF DEATH Estimote		Doy	Yeor Hnur
FULL NAME OF	IMORE, MARYLAND, W (IF NOT IN HOSPITA ADDRESS OR LOCA	NOUNCED DEAD UTION, GIVE STREET	3. DATE PRONOUNCED DEA	Month	17,1970	Yeor Hour 3:23 A. M.	
OR INSTITUTION	E. Pratt Str			5. USUAL RESIDENCE A. STATE Mary 1.		ed. If institutions B. COUNTY	residence before odmission)
6. SEX Female	7. RACE Indian	B. MARRIE	D NEVER MARRIED DIVORCED	c. CITY OR TOWN Baltimore		D. INSIDE CIT	Xn n
9. DATE OF BIRTH	Back block day	yeors N	Under 1 Yr. II Under 24 Hrs. Aonths : Doys : Hours : Min.	E. STREET AND NUME 1815 E. Pr			
II. BIRTHPLACE (SIL	ote or loreign country)  N/C.	1:	2. CITIZEN OF	13. FATHER'S NAME Herbert Ch	avis		
14A.USUAL OCCUP done during most of we	ATION (Give kind of work) orking life, even if retired)		of Business or Industry	15. MOTHER'S MAIDER			11 5 5 5
16. WAS DECEASE	D EVER IN U.S. ARMED		212-25-3301	Uilliam E.	Lowrimo		odress and)
(This does no heart loilure, injury or complete of the DISEASES ORISE TO THE UNDERLYTING	OR CONDITION DIRECT EADING TO DEATH  If meon the mode of dylosthenio, eic. It meons the plicotion which coused deo  ITECEDENT CAUSES  OR CONDITIONS, IF ANY, ABOVE CAUSE (A) STATE GONDITION LAST.	ng, e.g., disease, th.)	(A)IMMEDIATE C DUE TO, OR A	WOUND OF NEC AUSE IS A CONSEQUENCE OF:			
DISEASE OR	FICANT CONDITIONS CO	THE TERMIN	NG	C OFFIC DATED			221 ANTOREYS (Yes or No.)
0 2	OPERATION 200. CON	IDIIION F	OR WHICH OPERATION WA	2 SEKLOKWED			yes (Yes or No)
UNDERLYING UTING CAU  22D. TIME (A OF INJURY (APPROX.) 6	Month) (Doy) (Year	) (Hour)	EB. PLACE OF INJURY (e.g., ome, form, foctory, street, office HOME  22E.INJURY OCCURRED  WHILE AT NOT AT WORK	1815 E e	Pratt St ID INJURY OCCU	reet	et location)
ACTUAL SIGNATU EXAMINE NAME (Ty	R's RonaldN	MK	Inspection Autorities	e Homicide X	ICAL EXAMINER	deoth in my oned manner	-
24A. BURIAL CREM REMOVAL (Specily	ATION, 24B. DATE		24C. NAME of CEMETERY		24D. LOCATION		, or county) (Stote)
Hurial 25A. DATE REC'D E		25B. NA	HOLY CIOSS CE ME OF REGISTRAR	25C. FUNERAL D Singleto	Brookly IRECTOR In Funera	0.0	<u>D. Maryland</u> Dress Glen Burnie,Mo



FUNERAL

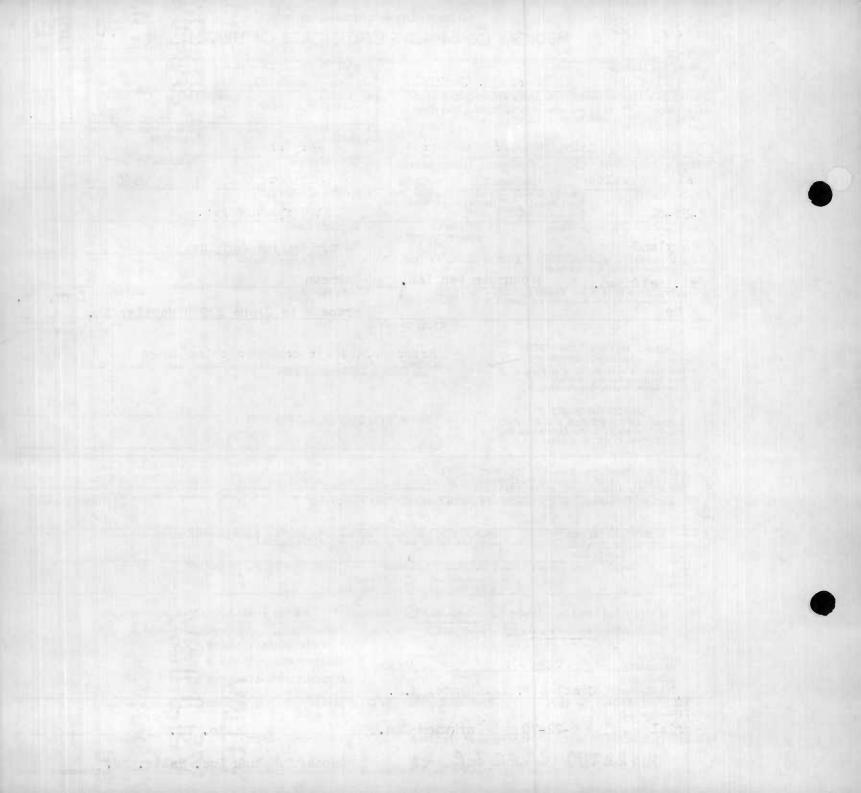


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BALTIMORE CITY HEALTH DEPARTMENT

MO	5000
70	6297

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO	10 6231
BIRTH NO.		
1. NAME OF DECEASED (fype or Print)  Edward E. Jenkins	2. DATE Known XX Month Day OF DEATH Estimated	Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 6 17	70 5:30 p. <sub>M</sub>
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, if Institution: A. STATE B. COUNTY	residence before admission)
44 Union Memorial Hospital	Maryland	2/21
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
male white widowed Divorced		NO O
9. DATE OF BIRTH 10.AGE (In years   # Under 1 Yr. 11 Under 24 Hrs last birthday)   Manihs   Doys   Hours   Min		
8-21-02	3100 Tyndale Ave.	
11. BIRTHPLACE(State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
Maryland USA	Edward Eugene Jenkins	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRI done during most of working life, even if reffred)	15. MOTHER'S MAIDEN NAME	
Ret. Self Emp.   Fountain Pen Lab.	Unknown	DRESS Vania Da
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na or unknown)[(If yes, give war or dates of service)   17. SOCIAL SECURITY NO.		lork, Pa
No SAUST OF DE	Horace W Le Crone 279 N Hartl	ey St.
19. 4 / CAUSE OF DE	AIH	BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY Arteric	osclerotic cardiovascular diseas	30
(A) IMMEDIATE	CAUSE	
heart follure, asthenia, etc. it means the disease, Injury or complication which coused death.)	AS A CONSEQUENCE OF:	100000000000000000000000000000000000000
injery of compactation which cooled dooring)		
ANTECEDENT CAUSES  (B)  DUE TO COLUMN TO ANY COURSE	R AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
Z UNDERLYING CONDITION LAST. (C)		
OTHER CICALIFICANT CONDITIONS CONTRIBILITING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION V	VAS PERFORMED	21. AUTOPSY? (Yes or No)
	ration of the same	no
₹ 22A. EXTERNAL CAUSE WAS 122B. PLACE OF INJURY(e.g.	in or about 22C. WHERE DID (If in Baltimore City, give exact	location)
	., in or obout 22C. WHERE DID (If in Boltimore City, give exact to bldg., etc.) INJURY OCCUR?	,
UTING CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY WHILE AT THE NO	T WHILE	
(APPROX.) m. WORK AT	WORK LI	
l certify that I held an Inquiry I Inspection A	utopsy and that on this basis, death in my o	pinion
resulted from: Natural causes 🗓 Asaldent 🗆 Suic	de Homicide Undetermined manner	
011111111111111111111111111111111111111	CHIEF MEDICAL EXAMINER	D. 475 ALALIES
SIGNATURE harles, Se Julian.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Charles S. Springate, M.D.		6/18/70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER'S	or CREMATORY 24D. LOCATION (City, town,	ar caunty) (State)
Burial 6-22-70 Parkwood Cem		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR AD	DRESS
JUN 22 1970 Pale E. Farber M.D.	Leonard J Ruck Inc. Balto.	Md.
VS 151-REV. 1/1/68	, L <sub>u</sub> )	1



	70	6298	MED	ICAI	E)		ORE CITY HE			OE I	)E A T	ц	70	05	200
BII	RTH NO.		MILD	ICAL	/	~~/VII	IALKO	CLKIIII	CAIL	OF L	JEAI	REG. NO	0	D.C	00
1. (Ty	NAME OF DEC	ceased vin G.	KXX		Cro	wder		2. DATE OF DEATH	Known {	_	Month	Doy	Year	Hnur	
4.	PLACE IN BAL	TIMORE, MA			RONG	DUNCED	DEAD	3. DATE			Month	Doy	Year	Hour	M
HC	LL NAME OF SPITAL INSTITUTION	(IF NO	TIN HOSPITA	LORINS	TITUTIO	ON, GIVE	STREET		UNCED DEA		6	17	70	8:55	1 M
6	00		5 Walt					A. STATE		ylan		B. COUNTY		74	Ission
6.	SEX	7. RACE		8. MARE	RIED	NEVER	MARRIED [	C. CITY OF	TOWN			D. INSIDE	CITY LIMITS?		
_	male	white		WIDOV			DIVORCED [			1time	ore		YES A	NO	
	DATE OF BIRT	н	lost birthdo	v)	Mont	nder I Yr. f	f Under 24 Hrs. Hours   Min.	E. STREET	AND NUMBE						
	4-12-48			22						05 W	althe	r XXX.	Blvd.		
11.	BIRTHPLACE (S		in country)			TIZEN C	UNTRY?	13. FATHER	'S NAME						
144	Califor		1. 1 . 11	AD MIANE		US	A	Billy	Gene Ci	rowd	er				
don	USUAL OCCU	vorking life, ev	en if retired)	48. KINE	OF	BUSINESS	OR INDUSTR	Y 15. MOTHE	R'S MAIDEN	NAME					
_	Clerk					ood S					An	ny		?	
(Ye	WAS DECEAS	ED EVER IN	vor or dotes	FORCES of service	57	17. SOC	1814 NO. -68-2223	18. INFOR					ADDRESS		
-	19.	1700	Hanif						is Crow	wder	sam	e			
	1-9	504	3			C	AUSE OF DEA	TH						PPROXIMATE I	
		E OR COND		CTLY											
		LEADING TO of mean the				(	A)IMMEDIATE	3AOOL	ntraven	ous	narco	otism			
	heart foilure	, asthenia, etc.	. It means the	disease,			DUE TO, OR	AS A CONSEC	UENCE OF:						
	inquity or con	ipitedijoji wjik	ai caosea aeo												
		NTECEDENT				(1	в)								
	RISE TO THE	OR CONDITION	use (a) stat	, GIVING ING THE			DUE TO, OR	AS A CONSE	QUENCE OF:						
z	UNDERLYIN	IG CONDITI	ON LAST.			(0	c)								
잂			11												
CERTIFICATION	DISEASE OR	IFICANT CON ATH BUT NOT CONDITION	GIVEN IN PA	THE TERM RT 1 (A)	INAL										
ERT	20A. DATE OF	OPERATION	1 20B. CON	IDITION	FOR	WHICH O	PERATION W	AS PERFORM	ED				21. AUTO	PSY? (Yes	or No)
O	2												,	res	
₹ U		NAL CAUSE			22B.P	LACE OF	INJURY (e.g.,	In or obout 2	2C. WHERE	DID (III	in Baltimor	e City, give e	xact location)	60 600	- 4
EDIC,	UNDERLYING UTING CA				HOIN G	, rui m, ruci	Home	a prag., erc.) ii	MUKI OCC				venue	9/	41
	OF INJURY	(Month) (D	oy) (Year	(Hou	r) 22	E.INJURY	DCCURRED	2	2F. HOW DI				1 1 0 1 1 0 0		-
	/ADDDON I	6-17-70	)	?	m. W	ORK T	TON TA	WHILE ORK	Injec	ted	over	dose of	narco	tics	
		ify that I he	old an Ir	quiry [	]	Inspect		topsy 🛛	and that	on this	basis,	death in m	y opinion		
	result	ed fram: N	atural coup	105	Ac	ccideqt	Sulcid	le ☑ He	micide 🗌	Un	determi	ned manner			
		01	1		1	1/2	.0		CHIEF MEDIC	CAL EXA	MINER				
н	SIGNATI	JRE U	4	V	. <	X	zal Que	ASSI	STANT MEDIC	CAL EXA	MINER	X		DATE SIG	NED
	EXAMIN	ER'S			. 4	1		ASSC	CIATE MEDIC	CAL EXA	MINER			/10/7	^
24	NAME (T		arles	S. Sp										5/18/70	J
REI	A. BURIAL CREAMOVAL (Specific	y)	48. DATE		1 .		of CEMETERY		RY	24D. LO	CATION		wn, or county		
	Buria	L	6/22/	70.	G	reenla	awn Ceme	tery			Bak	cersfie	ld, Cal	liforn	ia.
254		BY HEALTH I	7 -	258. N	AME	OF REGIS	TRAR	25C. I	UNERAL DIR	RECTOR			ADDRESS		
	HIN'S	3221970	المرابعة	MOCE.	Age.	200740	ap.	Teo	nard J.	Ruc	k Inc	. Re7+	o Ma	27271	
VS	151-REV. 1/1/68	^	101	-	1.3			200		3	** T ***C	Date	o e Piu	CTCT/	1

GEORGE F ECKMAN June 19 1970 6.30p

North Charles Seneral Pap City X

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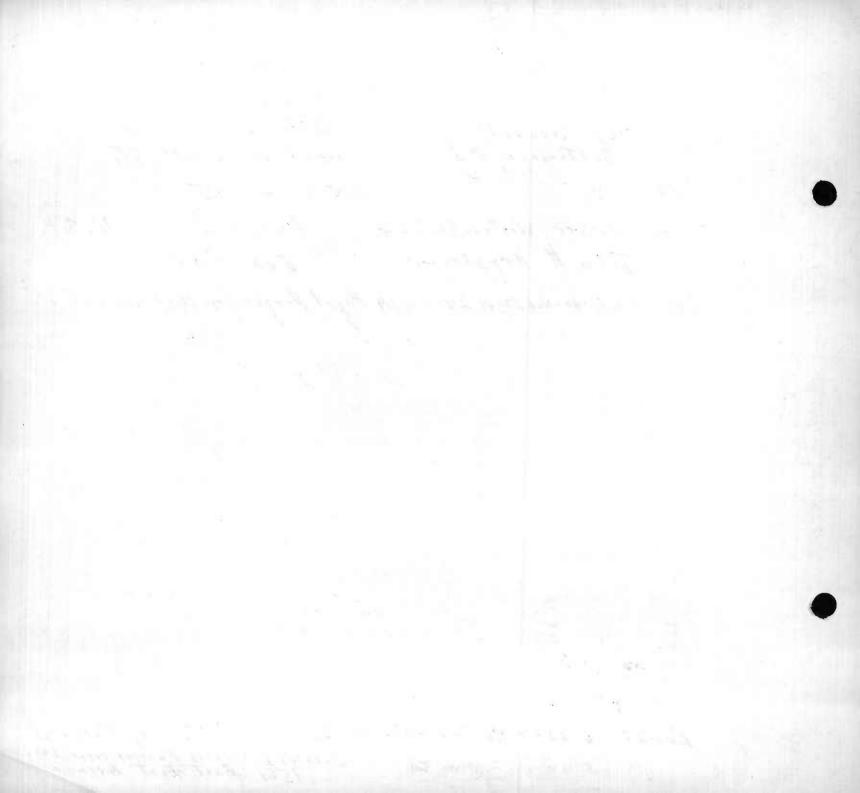
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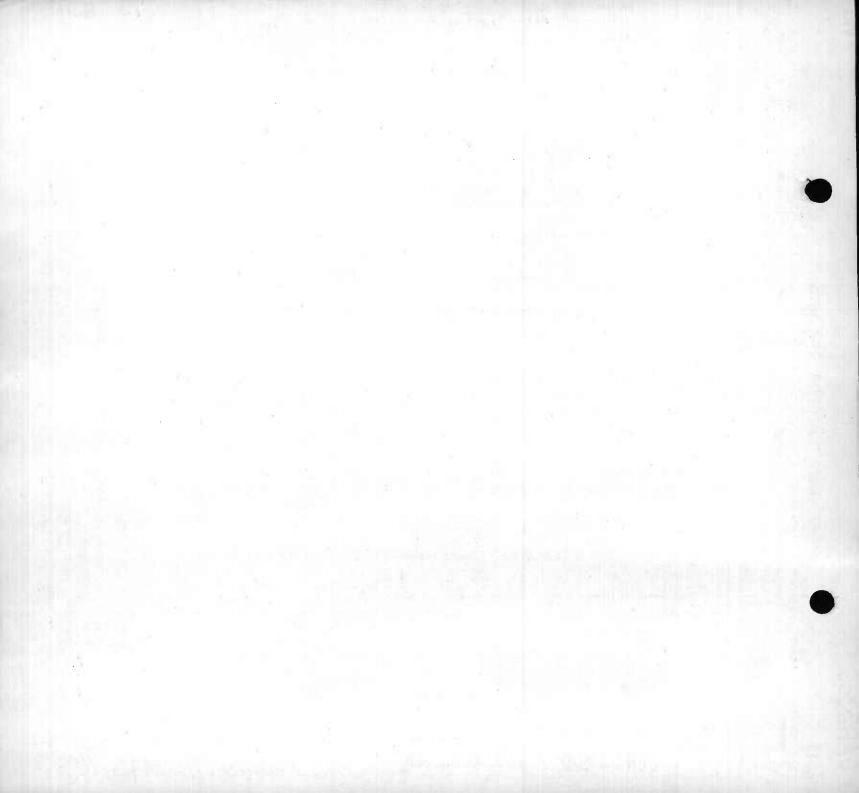
Harry Edinon Amanda Treater

705-09 8053

	BALTIMORE CIT	Y HEALTH DEPARTMENT		70 0000
BIRTH NO. 70 6	300 CERTIFICA	ATE OF DEATH	REG. NO	70 6300
1. NAME OF DECEASED (Type or Print)	F. Herzbe	1.00	HOUR OF DEATH	20 1:00 8 M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR			deceased lived. If ins	stitution: residence before admission)
FULL NAME OF HOSPITAL OR II ADDRESS OR LOCATION	NSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
1468 Woods	211 41.	B2/71401	-7	YES NO NO
BalTimore	, 19d.	E. STREET AND NUMBER	00 0 211	57,
5. SEX 6. RACE 7. MAR WIDO	RIED NEVER MARRIED DIVORCED		AGE (In years	tf Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KINdone during most of working life, even if retired)	D OF BUSINESS OR INDUSTR	11. AIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY
	tern Electric &	Mary	1296	U. 5, A,
13. FATHER'S NAME	,	14. MOTHER'S MAIDEN NAM	E 17	
John 11 He	rzberger	Eva	K-dy	
15. Was Deceased Ever in U. S. Armed Farces? (Yes,no grunknown) (If yes, give war ar dates of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes Nov. 10/942 - Nov. 27	1945 218-09-0719	Hazel Herzbe	rger 1468	Woodall 9/1
1B. 162, 11	CAUSE OF DEA	TH	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Carc	inon y l	rs I	
(This does not mean the mode of dying,		A CONSEQUENCE OF:	1	•
heart failure, osthenia, etc. It means the dis injury ar complication which caused death.)	eose,	nerdized &	uel astal	-
ANTECEDENT CAUSES	(8)			
DISEASES OR CONDITIONS, if ony,	iving DUE TO, OR A	S A CONSEQUENCE OF:		
rise to the obove couse (A) stating UNDERLYING CONDITION lost.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).				
V DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES. WERE F	INDINGS CONSIDERED
198. CONDITION WAS PERFORMED	TOR WHICH O'LLANDIN		IN CERTIFYING CAL	ISES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If In Baltimore	City, give exact location)
O 21 D. TIME (Manth) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
Z 21 D. TIME (Manth) (Day) (Yeer) (Hour) OF INJURY (APPRDX.)	White At Not Wh	ile 🗍		
22. I certify that (1) (this hospital) attended		12-5-671	to 6/	[7 ]7 ]19
that (1) (we) lost sow the deceased alive	Ma ea a	11 1		nion death occurred on the date
ond hour ond from the couses stoted obo			(S, (3-1) - F	
23A. SIGNATURE				23 B. DATE SIGNED
16 forther	DEGREE PH	rending Med. Director	Staff Dhys.	6/19/2)
23 C. PHYSI CIANS NAME (Type)	DEGREE	23D. ADDRESS	in the latest the late	
RICARDO LOZA	114 M. Regie	1228 50	hals Si	· peld. hr
24A. BURIAL CREMATION, 24B. DATE 2 REMOVAL (Specify)			CATION (Cit	y, town, or county) (State)
Bun2/ 6-22-70	Bal Timore Nati	onal Centery	Baltimon	re, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	STEVENS FU	neral ADDRESS IAC.
JUNIZ BIU Valent	C. Vander A.	C4-1/42 21	Fret E	IT AVELLE



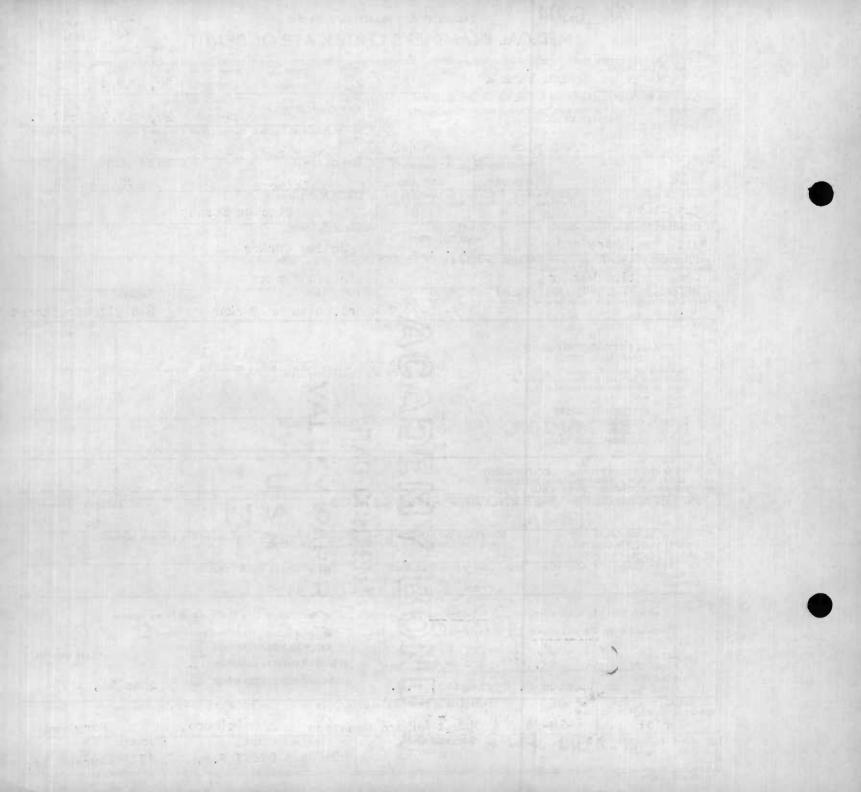
- 1651		41 01114	TE OF DEATH REG. N	10. 70 6301
and eath ased the Such		NAME OF DECEASED	2, DATE AND HOUR OF E	DEATH
77 A) C	(Ť)	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	6/20/10	93 M.
hosp ise (5) and	H	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OF STITUTION ADDRESS OR LOCATION)	MARYLAND .  C. CITY OR TOWN	D. INSIDE CITY LIMITS?
l in a ng cau cause; attend ior to		46 pshbartons	BALTIMORE  E. STREET AND NUMBER	YES NO
- 5.E.E.5.P	e s.	SEX 6. RACE MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeo lost birthdoy)	AUR  If Under 1 Yr. If Under 24 Hrs.  Months Doys Hours Min.
	<u>s</u> 10	NEGRO WIDOWED DIVORCED A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
if decect of was	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	Lin W. S.A.
	15.	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of service)	17. INFORMANT	ADDRESS
D 2 700 E	0.	18. CAUSE OF DEAT	JAmes H	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	od Imed	LEADING TO DEATH	ISE Respiratory ar	rest
ECTOR examine examine (x) A fract who pr n regula	Ε	ANTECEDENT CAUSES (8) Bran	chaffslume à	
ef medical eximedical eximedical eximedical exidy burns; (3) e physician vician was in	remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART + (A).		
Z 4 84 8	re the	19.4. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
FU y the c tal by e; (2) l here	betor	21A. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID (If in B ifice bidg., INJURY OCCUR?	Baltimare City, give exoct location)
ved by hospinature ept w	MEDI MEDI		21F. HOW DID INJURY OCCUR?	
ppro any (exc ; an	e o pt	22. I certify that (1) (this haspital) attended the deceased fram		or) apinian death accurred an the date
be nt o pita	must b	and haur and fram the causes stated abave. (1) (We) (did) (did nat) of 23A. SIGNATURE	riew the bady after death.	238, DATE SIGNED
ate must as releas n accide at a hos	<b>B</b> \	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	6/20/10.
certificat sody was /s: (1) An D.O.A. at	E 14	A. BURIAL CREMATION, 24B, DAYE 24C. NAME of CEMETERY OF CR	0 1 0	(City, lown, or dounty) (Stote)
This certithe body shows: (1) was D.O.	25	A. DATE REC'D BY HEALTH DEPT. 725B. NAME OF REGISTRAR  JUN 22 200 Pales L. Valley KA	2SC. FUNERAL DIRECTOR	ADDRESS ADDRESS
	VS	150-REV. 1/1/68	of the state of 1	



BIRTH NO. 67-09/65 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	70 6302
t. NAME OF DECEASED (Type or Print)  Bobby Houston	2. DATE Known Month Doy OF DEATH Estimated	Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Month Doy PRONOUNCED DEAD 6 18	Yeor Hour 70 1:00 a.
Sinai Hospital	3. USUAL RESIDENCE (Where deceased lived. If Institution: A. STATE  Maryland  Maryland	residence before admission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
9. DATE OF BIRTH 10. AGE (in years 1 Wunder 1 Yr. II Under 24 Hrs lost birthday) 5-12-67 3 Winner 1 Yr. II Under 24 Hrs Min.	LE. STREET AND NUMBER	S EN NOL
11. BIRTHPLACE (Stote or loreign country)  Baltimore, Maryland  12. CITIZEN OF WHAT COUNTRY?  U.S.A.	13. FATHER'S NAME  Robert M. Houston	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRI done during most of working life, even firetired)  Child	Margaruita Alford	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(II yes, give wor or dotes of service) No.	IS. INFORMANT AD	DRESS 18 Madison Ave
DISEASE OR CONDITION DIRECTLY		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
LEADING TO DEATH (A)IMMEDIATE	CAUSE Hypoxia AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	ffocation by plastic sheet As A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED	21. AUTOPSY? (Yes or No) Yes
22A. EXTERNAL CAUSE WAS UNDERLYING MOR CONTRIB- UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., home, farm, foctory, street, office the control of the co	in or obout 22C. WHERE DID (If in Boltimore City, give exoco bidg., etc.) INJURY OCCUR?  Dolefield Aver	location)
	22F. HOW DID INJURY OCCUR?  T WHILE WORK  Apparently accidentally	suffocated by
23. I certify that I held an Inquiry Inspection Au		plastic sheet
00 1. 0	de Homicide Undetermined manner C	
SIGNATURE CHARLES J. J. M.E. EXAMINER'S	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	DATE SIGNED
NAME (Type) Charles S. Springate, M.D.  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town,	6/18/70 or county) (Stote)
Burial 6-20-70 Western Star 25a. DATE REC'D BY HEALTH DEAD 1238 NAME OF REGISTRAR		Maryland
JOHN BOTH PROSERVE GREEN, MAN		Laurens Street
vs 151-REV. 1/1/68 N 9 9 4		Х

4	71	0 63	71 1 7	Y HEALTH DEPARTMENT	REG. NO.	70 6303	
BIRTH NO.		0.0	CERTIFICA	TE OF DEATH	KEG. 140		
	of DECEASED Malinda) MELINDA	A ECTELI	E IACKCON		ND HOUR OF DEATH	1	
2 81 4 55	Talinda) MELINUF		LE JACKSON	Jun	ne 18, 1970		
3. PLACE	IN BALTIMORE MARYLAND,	WHERE PRON	OUNCED DEAD	A. STATE B. COUN	ere doceosed lived. If i	institution; residence before admis	
FULL NAM	ME OF UF NOT IN HOSP	PITAL OR INST	TITUTION, GIVE STREET	MARYLAND /3/14			
HOSPITAL	OR ADDRESS OR LO	CATION)		C. CITY OR TOWN D. INSIDE CITY LIMITS?			
20		BALTIMORE	YES NO				
21	PROVIDENT	HUSPII	AL	E. STREET AND NUMBER			
				2304 Avalon Av	/enue		
SEX	6. RACE	7- MARRIE	D X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours M	
Fema		WIDOWE		11-11-1920	49	Months Doys Hours M	
OA, USUAL	OCCUPATION (Give kind of wo	ork TOB, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore	eign country)	12. CITIZEN OF WHAT COU	
one during	most of working lile, even if retired				•	·	
	ISEWITE		lome	Richmond, Virg		U.S.A.	
PENINEK				14. MOTHER'S MAIDEN NA	ME		
	Rufus McTeer	•		Ella West			
. Wos De	nknown) (If yes, give wor or do	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
No.	min yes, give wor or do	HES OF SELVICE	SECURITY NO.	Day Carres Is			
18.			CAUCE OF STATE	Rev. George Ja	ickson 230	04 Avalon Avenue	
/			CAUSE OF DEATH	н sclerotic heart	33	APPROXIMATE INTERV	
1	DISEASE OR CONDITION D		Arterios	screrousc neart	disease		
IThis c	does not meen the mode o		(A) IMMEDIATE CAU	SE		4 years	
heart f	foilure, osthenia, etc. It mean ar complication which couse	s the diseos	е,	A CONSEQUENCE OF:			
injuty			Essentia	al hypertension		8 years	
	ANTECEDENT CAUSE	S	(8)				
DISEA	SES OR CONDITIONS, IF	any, givin	g DUE TO, OR AS	A CONSEQUENCE OF:	***************************************		
UNDE	lo the above cause IAI RLYING CONDITION last.	l sloling th	e Congest	tive heart failure		3 months	
	***		(C)			J 1110110115	
OTHER	II SIGNIFICANT CONDITIONS CO	ONTRIBITING					
= TO THE	DEATH BUT NOT RELATED TO	THE TERMINAL	None				
· Intervet	E OR CONDITION GIVEN IN PA	ART 1 (A).					
	TE OF OPERATION 1198 COL	NOITION FOR	WHICH OPERATION	120A ALITOREY2 (Vos. or No.	1 200 IP VEC 14500		
	TE OF OPERATION 198 COL	NOTION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	10 208, IF YES, WERE	FINDINGS CONSIDERED	
19A. DA	TE OF OPERATION 19R COL	NDITION FOR			IN CERTIFYING CA		
21A. A C	THE OF OPERATION 198. COI WAS PER COIDENT WAS UNDERLYING NTRIBUTING TO CAUSE OF	NDITION FOR REFORMED	B. PLACE OF INJURY (e.g., In	or obout 21 C. WHERE DID	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?  Te City, give exoct location)	
19A. DA 21A. A C OR CON DEATH	ATE OF OPERATION 198. COI WAS PEI CCIDENT WAS UNDERLYING [ NTRIBUTING CAUSE OF (notify medical examine)	NOITION FOR	IS. PLACE OF INJURY (e.g., Inome, form, foctory, street, offic.)	or obout 21 C. WHERE DID	IN CERTIFYING CA		
19A. DA 21A. A C OR CON DEATH	ATE OF OPERATION 198. COI WAS PEI CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF (notify medical examine)  ME (Month) (Day) (Year)	NDITION FOR REFORMED  21 ho el	IB. PLACE OF INJURY (e.g., in ome, form, foctory, street, off c.)	or obout 21 C. WHERE DID	IN CERTIFYING CA		
19A. DA 21A. A C OR CON DEATH	ATE OF OPERATION 198. COI WAS PEI CCIDENT WAS UNDERLYING NTRIBUTING CAUSE OF (notify medicol exominet)  ME (Month) (Doy) (Year) URY	NOTION FOR REFORMED  21 he else of the left of the lef	IB. PLACE OF INJURY (e.g., in me, form, foctory, street, offic.)  E. INJURY OCCURRED  /hile At Not While	or obout 21 C. WHERE DID INJURY OCCUR?	IN CERTIFYING CA		
21A. ACOR CON DEATH	THE OF OPERATION 198. COLUMNS PER COLUMNS PER COLUMNS OF (notify medical examiner)  ME (Month) (Doy) (Year)  URY  X.)	NOITION FOR REFORMED  21 ho el	E INJURY OCCURRED  (hile At Not While At Work	21 C. WHERE DID INJURY OCCUR?	(II In Boltimor	re City, give exact location)	
19A. DA 21A. ACOR CON OR CON DEATH 21D. TIM OF INJU (APPRO) 22. I co	CCIDENT WAS UNDERLYING NUMBER (Month) (Doy) (Year)  LE (Month) (Doy) (Year)  LE (Month) (Doy) (Year)  LE (Month) (Doy) (Year)	NDITION FOR REFORMED  21 ha eli ) (Hour) 21 W W	E. INJURY OCCURRED  /hile At At Work  the deceased fram 10	21F. HOW DID INJ	(II In Boltimor	re City, give exact location)	
21A. ACOOR CONDEATH 21D. TIM OF INJU (APPRO) 22. I ce that (I)	ATE OF OPERATION 198. COI WAS PEI CCIDENT WAS UNDERLYING [ (notify medical examine)  ME (Month) (Day) (Year)  URY X.)  ertify that (1) (XDCX)(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	POINT FOR REFORMED  21 ho et (Hour) 21 WW Common William Willi	E INJURY OCCURRED  (hile At Not While At Work  the deceased fram 10  June 12	21 C. WHERE DID INJURY OCCUR?  21F. HOW DID INJURY 962	(II In Boltimor	re City, give exact location)	
21A. ACOR CONDEATH 21D. TIM OF INJU (APPRO) 22. I co	ATE OF OPERATION 198. COI WAS PEI CCIDENT WAS UNDERLYING (noilfy medical examine)  WE (Month) (Day) (Year)  URY X.)  ertify that (1) (XNACKOEKDG)  (Walk last sow the decease  ur and from the causes sta	POINT FOR REFORMED  21 ho et (Hour) 21 WW Common William Willi	E INJURY OCCURRED  (hile At Not While At Work  the deceased fram 10  June 12	21 C. WHERE DID INJURY OCCUR?  21F. HOW DID INJURY 962	(II In Boltimor	re City, give exact location)	
21A. ACOR CONDEATH  21D. TIM  (APPRO)  22. I conthat (I)  and has	ATE OF OPERATION 198. COI WAS PEI CCIDENT WAS UNDERLYING [ (notify medical examine)  ME (Month) (Day) (Year)  URY X.)  ertify that (1) (XDCX)(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	POINT FOR REFORMED  21 ho et (Hour) 21 WW Common William Willi	E. PLACE OF INJURY (e.g., Inme, form, foctory, street, office)  E. INJURY OCCURRED  (hile At	21 C. WHERE DID INJURY OCCUR?  21 F. HOW DID INJURY  262 19 70 and the law the bady after death.	(II In Boltimor	re City, give exact location)	
21A. ACOR CONDEATH 21D. TIM OF INJU (APPRO) 22. I co	ATE OF OPERATION 198. COI WAS PEI CCIDENT WAS UNDERLYING (noilfy medical examine)  WE (Month) (Day) (Year)  URY X.)  ertify that (1) (XNACKOEKDG)  (Walk last sow the decease  ur and from the causes sta	POINT FOR REFORMED  21 ho et (Hour) 21 WW Common William Willi	E. PLACE OF INJURY (e.g., Inme, form, foctory, street offic.)  E. INJURY OCCURRED  (hile At	21F. HOW DID INJ	(II In Boltimor URY OCCUR?  19tadeat at In(my) (NDE) opl	th 19	
21A. AC OR CON DEATH OF INJU (APPRO) 22. I co that (1) and hai	THE OF OPERATION 198. COI WAS PEI  CCIDENT WAS UNDERLYING (NOTIFE MODELY ING CAUSE OF (notify medical examine)  ME (Month) (Day) (Year)  URY  X.)  Criffy that (1) (XNC) (NOTIFE MODE)  (NOTIFE MODELY ING (NOTIFE MODE)  WAS PEI  CAUSE OF C	POINT FOR REFORMED  21 ho et (Hour) 21 WW Common William Willi	E. PLACE OF INJURY (e.g., in ome, form, foctory, street off c.)  E. INJURY OCCURRED  /hile At	21F. HOW DID INJ	(II In Boltimor	th 19	
21A. ACO OR CONDITION OF INJUING (APPRO) 22. I contact (1) and had 23A. SiG	TE OF OPERATION 198. COI WAS PEI CCIDENT WAS UNDERLYING (notify medical examine)  WE (Month) (Day) (Year)  WE (Month) (Day) (Year)  WE (That (1) (XBC)(XBC)(DC)  O (XBC) last sow the decease of the courses state of the course state of the	ONDITION FOR REFORMED  21 ha elication (Hour) 21 WW.  22 ottended sed of ive on atted above.	E. PLACE OF INJURY (e.g., in ome, form, foctory, street off c.)  E. INJURY OCCURRED  /hile At	21F. HOW DID INJ	IN CERTIFYING CA  (II In Boltimor  URY OCCUR?  19	nian death occurred on the	
210. TIA OR CON DEATH 21D. TIA OF INJU (APPRO) 22. I co that (1) and had 236. Sig	ATE OF OPERATION 198. CO. WAS PEI CCIDENT WAS UNDERLYING (NOISE OF (noisy medical examine)  ME (Month) (Doy) (Year)  WAS PEI CAUSE OF (NOISH) (Doy) (Year)  WAS UNDERLYING (NOISH) (NOISH)  WAS I (Say I (Say I) (NOISH)  WAS PEI WAS P	HOUTION FOR REFORMED  21 hour end www.  Www.  Control of the contr	E. PLACE OF INJURY (e.g., in me, form, foctory, street, offic.)  E. INJURY OCCURRED  (hile At	21F. HOW DID INJUNY OCCUR?  30F. ADDRESS  6 East Eager	IN CERTIFYING CA  (II In Boltimor  URY OCCUR?  IPtodeat  of In(my) (MDE) opl  Stoff Phys  Street— Bal	th 19	
210. TIA OR CON DEATH 21D. TIA OF INJU (APPRO) 22. I co that (1) and had 236. Sig	CCIDENT WAS UNDERLYING NAME (Month) (Doy) (Year)  WAS PEL  CCIDENT WAS UNDERLYING (Notify medical examines)  WE (Month) (Doy) (Year)  URY  X.)  ertify that (1) (XDCX-VOEXDC)  (Mat last sow the decease of the causes stated in the cause sta	Hour 21 WW W W W W W W W W W W W W W W W W W	E. PLACE OF INJURY (e.g., in ome, form, foctory, street, offic.)  E. INJURY OCCURRED  //hile At	21F. HOW DID INJURY OCCUR?  30 ADDRESS  6 East Eager  MATORY  24D. LC	IN CERTIFYING CA  (II In Boltimor  URY OCCUR?  IPtodeat  of In(my) (MDE) opl  Stoff Phys  Street— Bal	nian death occurred on the	
21A. ACOR CON DEATH 21A. ACOR CON DEATH 21D. TIA. OF INJU (APPRO) 22. I co that (I) and had acord acor	CCIDENT WAS UNDERLYING CAUSE OF (notify medical examines)  WAS PEL CCIDENT WAS UNDERLYING (notify medical examines)  WE (Month) (Day) (Year)  URY X.)  ertify that (1) (XDISCHOEKING (WAS last sow the decease ur and from the causes state SNATUKE (Type) WYSICIAN'S LAME (Type) WY Ord N. Kirkpa:  L CREMATION, 1248. DATE VAL (Specify)  1a 1  6-22-	Hour 21 WW W W W W W W W W W W W W W W W W W	E. PLACE OF INJURY (e.g., in me, form, foctory, street, offic.)  E. INJURY OCCURRED  (hile At	21F. HOW DID INJ  21F. HOW DID	IN CERTIFYING CA  (II In Boltimor  URY OCCUR?  I9tadeat  at In(my) (ADE) opl  Street_ Bal  OCATION (Cit	inion death occurred on the  238 DATE SIGNED 6-19-70  timore, Md. 2120  ity, town, or county) (State	
19A. DA 21A. ACO OR CON DEATH 21D. TIA. OF INJU (APPRO) 22. I co that (I) and hai 23K. SIG	ATE OF OPERATION 198. COI WAS PEI CCIDENT WAS UNDERLYING (NUMBEUTING CAUSE OF (noily medical examine)  WE (Month) (Doy) (Year)  WE (Month) (Month) (Month) (Month) (Month)	Hour 21 WW 21 attended ded olive on attended above 124C.N	E. PLACE OF INJURY (e.g., in ome, form, foctory, street, offic.)  E. INJURY OCCURRED  //hile At	21F. HOW DID INJ  21F. HOW DID	IN CERTIFYING CA  (II In Boltimor  URY OCCUR?  IP	th 19	

1	70 6304 BALTIMORE CITY HEALTH DEPARTMENT	70 6304
P-626	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	0004
		Yeor Hour 970 M.
29	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  3. DATE Month Doy	Yeor Hour .970 7:17 P. M.
90	OR INSTITUTION  5. USUAL RESIDENCE (Where deceased lived, # Institution: rest A. STATE  B. COUNTY  Maryland	
//	6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY L	
•	Male   Negro   WIDOWED   DIVORCED   Baltimore   YES   Property   State   State	× NO .
	Baltimore, Maryland  I.A. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAME  14A. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME	
	Construction Worker  Julia Parker	
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or doles of service) No.   17. SOCIAL SECURITY NO.   217-16-7007   Mrs. Blanche Parker   606	Pitcher Stree
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. it means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A)IMMEDIATE CAUSE Carcinoma of lung Due to, or as a consequence of:  (B) DUE TO, OR AS A CONSEQUENCE OF:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
		NO
	UNDERLYING OR CONTRIB. home, form, foctory, street, affice bldg., etc.) INJURY OCCUR?	cotion)
	22D. TIME (Manth) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK 227.	
	I certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opin resulted from: Natural causes Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER SIGNATURE  EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER June	DATE SIGNED
	24A. BURIAL CREMATION, REMOVAL (Specify)  Burial  24B. DATE  24C. NAME of CEMETERY or CREMATORY  Burial  24D. LOCATION (City, town, or Baltimore,	county) (Stote) Maryland
	25A. DATE REC'D BY HEALTH TO THE COMMENT OF THE STATE OF	
	VS 151-REV. 1/1/6B	

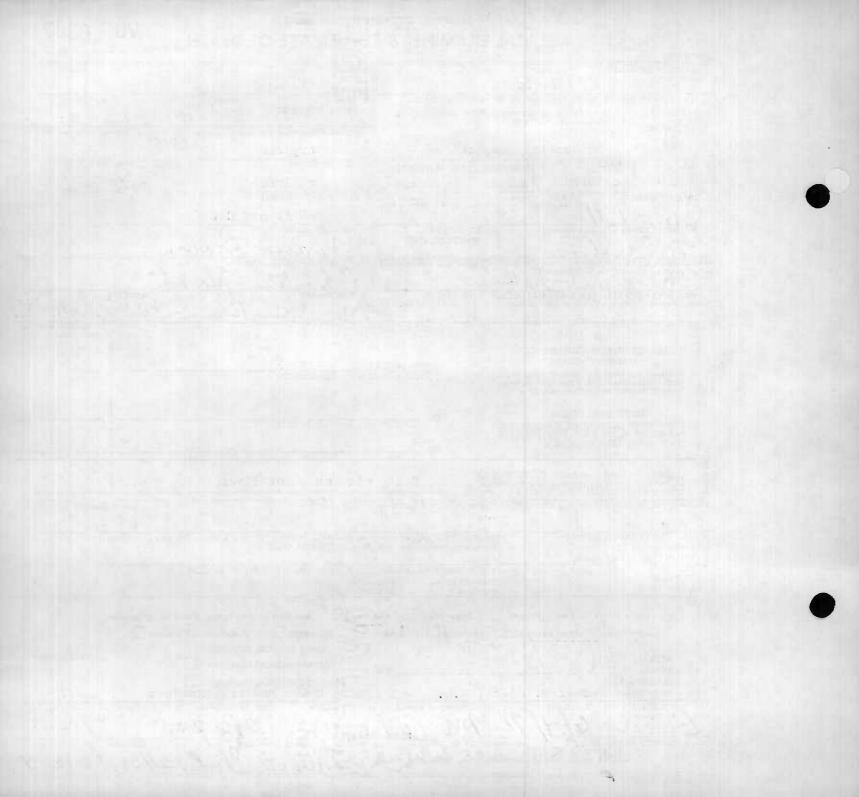


70 - 6305	BALTIMORE CITY H	HEALTH DEPARTMENT		70	6305
BIRTH NO.	CERTIFICAT	E OF DEATH	REG. NO.	70	0000
1. NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH		
: DAMMe Jugas	5 20.	(0)	21 70	1.1	158 14.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONDUNCE	ED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. Il insti	itution: residen	ice belore odmission
FILL MANE OF ALL MOTHS IN CONTRACTOR		MARYLAND B. COU	NII		1511
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION)	N, GIVE STREET				1010
INSTITUTION	- 110	C. CITY OR TOWN	D. INSIDI	E CITY LIMITS	?
129 THE JOHNS HOPKINS HOSPIT	ΓAL	BALTIMORE		YES X	NO
BALTIMORE, MD 21205	E	STREET AND NUMBER			110
DALITIONE, IN CILOS	- 1	7628 DADE	HEIGHTS AVE		
5. SEX   6. RACE   7. ALE DIED ST.					
MARRIED X NI	LI CALLANDIAN LI	DATE OF BIRTH	llost hirthdoyl	II Under 1 Yr. Months: Doys	If Under 24 Hrs.
MALE NEGRO WIDOWED	DIVORCED	06-26-11	58		THOUS IVAIN.
MALE NEGRO WIDOWED  10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSI)	INESS OR INDUSTRY 11	. BIRTHPLACE (State or for		12. CITIZEN C	F WHAT COUNTRY
some serving most of working me, even a remedy					- wwwi conulti
Switchboard Operator		Rocky Mount, 1	North Carolina	a U	.S.A.
13. FATHER'S NAME		MOTHER'S MAIDEN NA			
6		0.05 +			
SAM Suggs, Sr.		DORA Suga	gs		
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, give wor or dotes of service)	SOCIAL 17	- INFORM ANT		ADD	RESS
1	SECURITY NO. 16-10-8733				
lan .		Mrs. Catherine	Suggs 362	28 Park	Heights A
	CAUSE OF DEATH				ROXIMATE INTERVAL EN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	A A A	0	0	DETWE	ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAUSE	trobable P.	Grenous Embr	lual	0.0
(This does not meon the mode of dying, Sq., heart failure, ashhenio, etc. II means the discrete,	DUE TO, OR AS A C	ONSEQUENCE OF:	and church	WW I	mount
injury or camplication which caused death.)	V.		O .		
ANTECEDENT CAUSES	<u> </u>	0 4 00	1	- 1	
	(8) Varen	les ansuff +	Heart Dine	~ 4	-sym
DISEASES OR CONDITIONS, if any, disting	DUE TO, OR AS A	CONSEQUENCE OF	A		***************************************
ise to the above cause (A) sloting the UNDERLYING CONDITION lost.	in (Whise	alsortes Con	houasarly D		
A. Ma	(c) Upuos	EXTURE COM	will an energy at	recy!	
2	0				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE TERMINAL THE TER	Dichele	001	No.		
	i	The True In			
DISEASE OR CONDITION GIVEN IN PART 1 (A), LINE 1994. DATE OF OPERATION 1995. CONDITION FOR WHICH WAS PERFORMED	H OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE FIN	DINGS CONS	SIDERED
The Carlot of the Control of the Con	- Chumpay	NO	IN CERTIFYING CAUSE	S OF DEATH	1?
U 21A. A OCIDENT WAS UNDERLYINO 21B. PLACE	E OF INJURY (e.g., in or	obest 21 C. WHERE DID	(If In Boltimore C	The above A	(Incetton)
OR CONTRIBUTING CAUSE OF home, forme of DEATH (notify medical examine)	m, foctory, street, office	blan INJURY OCCUR?	h an poinmote C	Bive exoct	IO COTION)
	RY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
	Not While				
TOIR	AT WORK L			1	
22. I certify that (1)(this hospital) attended the dec	ceased from		19 70 ta 6	21	19.70
that (1) (we) last saw the deceased alive an	6 2	19 70 and th	at In (mu) (mus) == 1	- J/!	
			at in (my) (aur) apinia	n death acc	urred on the date
and have and from the causes systed above (1) (We)	) (dld) (dld nat) view	the body ofter deoth.			
237,31017,014			23	B. DATE SIGN	IED 1
Welliam Underger	Attendin Phys.	Med. Director	Staff Phys.	1 1	4/70
23C. PHYSICIAN'S		ADDRESS	rnys, —	60	-110
NAME (Type)				V	Rollinger
William J. Anderson	) M.D.DEGSEE	Johns Hop	Kins Hosp	ilal	Mcl.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of REMOVAL (Specily)	CEMETERY OF CREMA			lown, or count	y) (Stote)
D					
Burial 6-24-70 Arbut	tus Mem. Par		Baltimore,	Marylar	nd
25A. DATE REC'D BY WEALTH DE 1970 25B. NAME OF REC	ander ALD	25C. FUNERAL DIRECTOR	_		DRESS
r		MORTON & DYE	TT F.H. 1701	Lauren	s St.
'S 150-REV. 1/1/6B					

Y ... . 5 

## 70 6307 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO. 6307

BIRTH NO.	REG. NO.
I. NAME OF DECEASED	2. DATE Known Month Day Year Hour
(Type or Print) Thomas Brown	OF DEATH Estimoled . M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD 6 15 70 12:10 D.
HOSPITAL ADDRESS OR LOCATION)	6 15 /0 12:.00 p M.  5. USUAL RESIDENCE (Where deceased lived. If Institution; residence before damesion)
20	A. STATE B. COUNTY
University Hospital	Maryland /002
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male   colored   WIDOWED   DIVORCED	Baltimore YES NO 🗆
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. II Under 24 Hrs.	E. STREET AND NUMBER
Months Doys Hours Min.	800 Abbott Ct.
11. ARTHPLACE(State or fareign country) 12. CITIZEN OF	13. FATNER'S NAME
WHAT COUNTRY?	The state of the s
11. Clesting	Janus Mour
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	TY 13. MOTHER'S MAIDEN NAME
Uningland of alieren	Mustine Heart
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. TNFORMANT A ADDRESS ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Mrs Xelya Digion - 800 Walrott CE.
19. 3 / / 4 9. CAUSE OF DEA	APPROXIMATE INTERVAL
15431/1	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A) IMMEDIATE	CAUSE Epilepsy
heart follure, osthenio, etc. It means the disease,	AS A CONSEQUENCE OF:
Injury or complication which coused death.)	
ANTECEDENT CAUSES (c)	
(0)	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
Z UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Fatty	alteration of liver
E DISEASE OR CONDITION GIVEN IN PART 1 (A)-	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21. AUTOPSY? (Yes or No)
0 2	yes
Z22A. EXTERNAL CAUSE WAS   22B. PLACE OF INJURY (e.g.	, in or obout 22C, WHERE DID (it in Baltimore City, give exact location) (ce bldg., etc.) INJURY OCCUR?
S. S	ice bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY	T WHILE
m. WORK AT	WORK
23.	
I certify thou held on Inquiry Inspection A	utopsy k ond that on this basis, death in my opinion
resulted from Natural causes Acaident Suici	de Homicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL WWW.	ASSISTANT MEDICAL EXAMINER  DATE SIGNED
SIGNATURE MAINTENANCE MAINTENA	ASSOCIATE MEDICAL EXAMINER
	Deputy Chief Medical Examiner 6/15/70
24A, BURIAL CREMATION, 124B, DATE . 124C, NAME of CEMETERY	
REMOVAL (Specify)	of state on
Denese 9/17/10 /10. (Mil	mysler. Theyer,
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS
JUN 22 1970 Vaber & Jaber 161	Aller & Flechen 1199 Thursday
VS 151-REV. 1/1/68	Tripor of current - training to the



VS 151-REV, 7/1/68

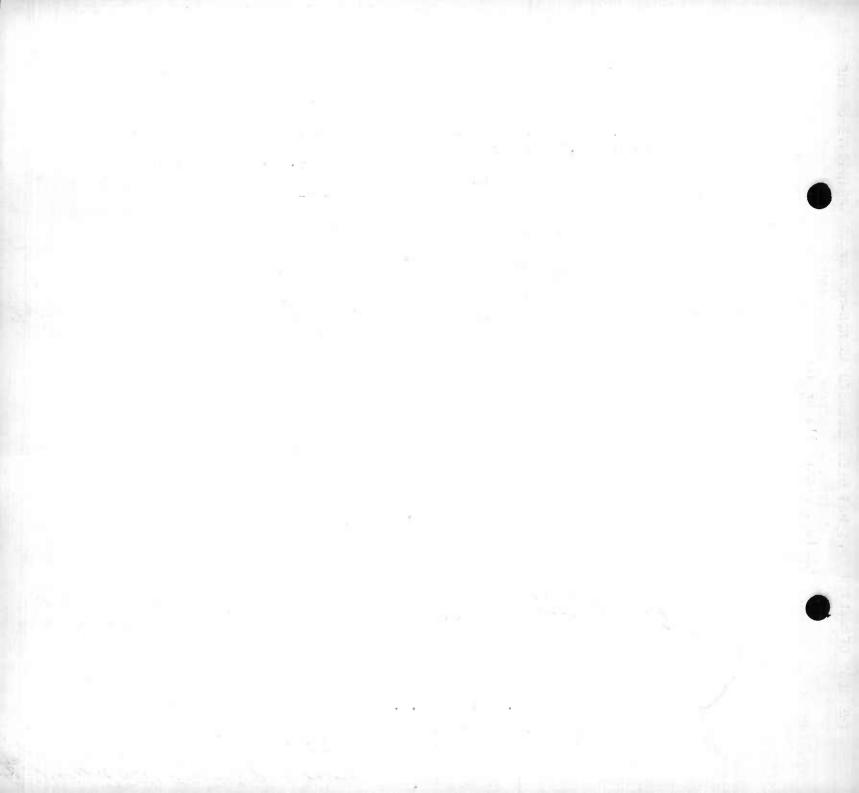
70

6308 BALTIMORE CITY HEALTH DEPARTMENT

70 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO. 10-07829 I. NAME OF DECEASED 2. DATE Known Month Doy Yeor Hour (Type or Print) OF KRIS YOLANDA MITCHELL Estimoted . DEATH 6 19 70 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) 19. 1970 June 5. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY 3000 Reisterstown Rd. Apt. A3L Maryland 6. SEX 7. RACE C. CITY OR TOWN 8. MARRIED NEVER MARRIED D. INSIDE CITY LIMITS? WIDOWED DIVORCED \_\_ Female Negro Balto. YES 💆 NO 9. DATE OF BIRTH 10. AGE (In years lost birthdoy) If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months , Doys , Hours , Min. 5 wks 3000 Reisterstown Rd 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? 1.4A. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working lile, even il retired) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (Il yes, give wor or doles of service) 17. SOCIAL 18. INFORMANT ADDRESS SECURITY NO. APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE Sudden death in infancy (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. O (c). 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (II in Boltimore City, give exact lacation) home, form, foctory, street, allice bidg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Yeor) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILEAT NOT WHILE (APPROX.) WORK AT WORK 23. Inquiry I certify that I held on Inspection Autopsy XX and that on this basis, death in my opinion resulted from Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER XX SIGNATURE **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER NAME (Type) sidore Mihalakis, M.D. June 19,1970 24A. BURIAL CREMATION. 24B, DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION (City, tawn, or county REMOVAL (Specify) (Stote) 25A. DATE REC'D BY HEALTH DEPT 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR SADDRESS

o. For the palling

1	/10	CEPTIFICATE OF DEATH REG. NO. 6309
	and eath ased the Such	BIRTH NO.  CERTIFICATE OF DEATH  REG. NO.  1. NAME OF DECEASED
Lef	-00 =	Type or Print)
THE	of of ath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased liked, II institution residence below a district.)
F	0 0 0 = 0	Internal De Coulding
0	a heraus se; (se; nada to d	INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS?
ATE	e a de	33 THE JOHNS HOPKINS HOSPITAL BALTIMORE YES NO DE STREET AND NUMBER
PR INGGAT	rting d ca prio	1620 N. CAROLINE STREET
Z	ine ine ine ine	5. SEX   6. RACE   7. MARRIED N NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   III linder 3 V)
SPR	occounting	MALE NEGRO WIDOWED DIVORCED 11-29-03 OF HOURS Min.
07	in the	10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
0	de de con	13. FATHER'S NAME
BY	rect (4) w the	CAROLIN COMPANIE
50	Stant stant ind; eath e on al di	IS. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL (Yes, no or unknown) (II yes, give war or dates of yer)(ce)   16. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS
-MED	H TENDOE	The second of which was give war or dates at security No.
NON	or fi	18. 4 9 3 X1 CAUSE OF DEATH APPROXIMATE INTERVAL
2	his lso, of of or unc	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  Death
A	Se Al	(This does not mean the mode of dying, e.g., heart failure, osthenia, etc., It means the discose, DUE TO, OR AS A CONSEQUENCE OF:
ED	Propro	injury or complication which caused death.)
EAS	True de	ANTECEDENT CAUSES (B) Chronic Asthma Zoyeans
RELI	SX OX OX	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the
	NER II Cal cal cal cal cal cal as i ains	UNDERLYING CONDITION lost, (C).
EEN	== 0 = 5 × E	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
00	AXA E Y Hain	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
HAS	Z in a bout a sist	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? IYes or No! NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	the ch the ch al by (2) Bo ere th o phys	1210 FEACE OF INIDITIES DID NOT BELL OF THE PACE OF TH
EPPS	ロンドッチスカ	C DEATH incitity medical examiner) etc.)
	osp osp osp osp osp osp osp osp osp	OF INJURY
TER	ove e h n nd nd	(APPROX.) White AI Wark At Wark
AL	pproperty of the control of the cont	22. I certify that (I) (his hospital) attended the deceased from 10 19 68 to 6-21 19 70 that (I) (we) lost saw the deceased alive on 5UNE 19 70 and that (I) (mw) (our) entire death accounted as the date
3	tal th)	
OF	ust be a eased to ident of nospital death)	and haur and from the couses stated above (I) (We) (did) (did not) view the bady ofter death.  23A. SIGNATURE  23B. DATE SIGNED
BODY	20.22	Attending Med. Director Direct
80	was r An a L at a prior	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS
THE	certificat body was rs: (1) An D.O.A. at ased pric	THOMAS R. GRIGGS M.D. THE JOHNS HOPKINS HOSPITAL
F	Sed C	REMOVAL (Specily)  24B. DATE  24C. NAME of CEMETERY of CREMATORY  (City, town, or county)  (Stote)
	This certificate m the body was rel shows: (1) An acc was D.O.A. at a f deceased prior to written approval	25A. DATE REC'D BY HEALTH PETO (25B. NAME OF REGISTRARY D) 25C. FUNERAL DIRECTOR ADDRESS
	****	25C. FUNERAL DIRECTOR ADDRESS
		V\$ 150-REV. 1/1/68



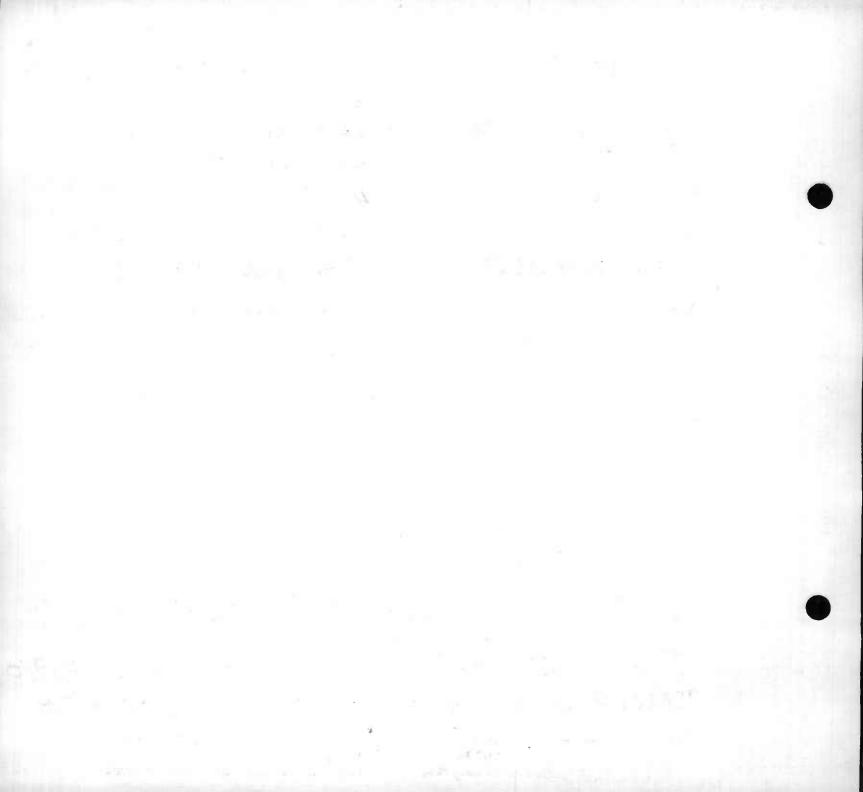
BALTIMORE CITY HE.	ALTH DEPARTMENT 70	6310
.70 6310 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.	OOTO
1. NAME OF DECEASED	lle pare	
(Type or Print)	OF	יטר
LEON CZEPIK  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoled 6 19 70	?
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD	OUT
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before	re odmission)
Amoriana Can Ca	A. STATE B. COUNTY	49
American Can Co.	Maryland  C. City OR TOWN  D. INSIDE CITY LIMITS?	11
MARKIED LA NEVER MARRIED		
Male White WIDOWED DIVORCED	Balto. YES NO	
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER	
11-20-20	1667 Burnwood Rd.	
11. BIRTHPLACE (State or Toreign country) 12. CITIZEN OF	13. FATHER'S NAME	
Maryland WHAT COUNTRY?	Anthony	
	All Chorty	
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even If relired)	13. MOTHER'S MAIDEN NAME	
Foreman Am. Can Co.	Mary	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((If yes, give wor or doles of service)  SECURITY NO.	18. INFORMANT ADDRESS	
www-2	Ella Czepik 1667 Burnwood Rd.	
19. CAUSE OF DEAT		IMATE INTERVA
12-73 U X	BETWEEN	ONSET AND DE
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH  (A) IMMEDIATE C	CAUSE Hanging	
(This does not meon the mode of dying, e.g., heart ioilure, osthento, étc. it meons the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES (0)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(c)		**********
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY	(Yes or No)
Ō		
₹ 22A. EXTERNAL CAUSE WAS   22B.PLACE OF INITIBY/o a	no	
UNDERLYING GOR CONTRIB.  UTING CAUSE OF DEATH.  220 TIME (North Park) (North Park)	in or obout 22C. WHERE DID (If in Boltimore City, give exact location)	
UTING LI CAUSE OF DEATH. Factory	American Can Co.	
OF IN TIPY	22F. HOW DID INJURY OCCUR?	
(APPROX.) 6 19 70 ? m. WHILE AT WORK XXX AT WO	WHILE Subject hanged self	
23,		
I certify that I held an Inquiry Inspection XX Aut	topsy and that on this basis, deoth in my opinion	
resulted from: Natural Couses Accident Suicide		
Accident Distriction		
ACTUAL HAMME	CHIEF MEDICAL EXAMINER	E SIGNED
SIGNATURE /// Medicle De M.D.		E SIGNED
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Isidore Mihalakis, M.D.	6/19/70	
24A. BURIAL CREMATION. 124B. DATE 124C NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county)	(Stote)
REMOVAL (Specify)		(3.3.0)
Burial 6-23-70 St. Stanislau		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS	
JUH 22 1970 Jaben & Jaben Ma.	B. Dabrowski 2818 E. Baltimor	e St.
VS 151-REV. 7/1/68		
10 101-121. 1/1/00		

AND STORES AND AND ADDRESS OF AN ADDRESS AND AN ADDRESS AND ADDRES

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Z	ani	To t	ath	P
7	sist	+ he	P	ing
ō	as	÷ 2	Pe	da
¥	his	20,	Cuo	ten
-	0	V C	ou c	E
FUNERAL DIRECTOR: IMPORTANT	nei	Jer.	pro	nbo
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E C	e X	DX.	*	are
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	paipa	dice	sic	₩ E
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Z	hie	Po	he	sici the
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	× 0	Po L	de	9 2 2
	pro	the 5	X	obt
	d D	9	10	£.3°
	be 1	Sed	pit	eat
	SO	9	hos	D E
	0	acc	0	DA.
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature: (2) Body burns: (3) A fracture of any Lind. (4) Undeed mind for (6) December 1	0	deceased prior to death); and (6) No physician was in regular attendance on the deceased pr written approval must be obtained before the remains are embalmed or final disposition is made.
	Tif.	32	O.	po
	00	bod VS:	O	ten
	his	he	Vas	rrit
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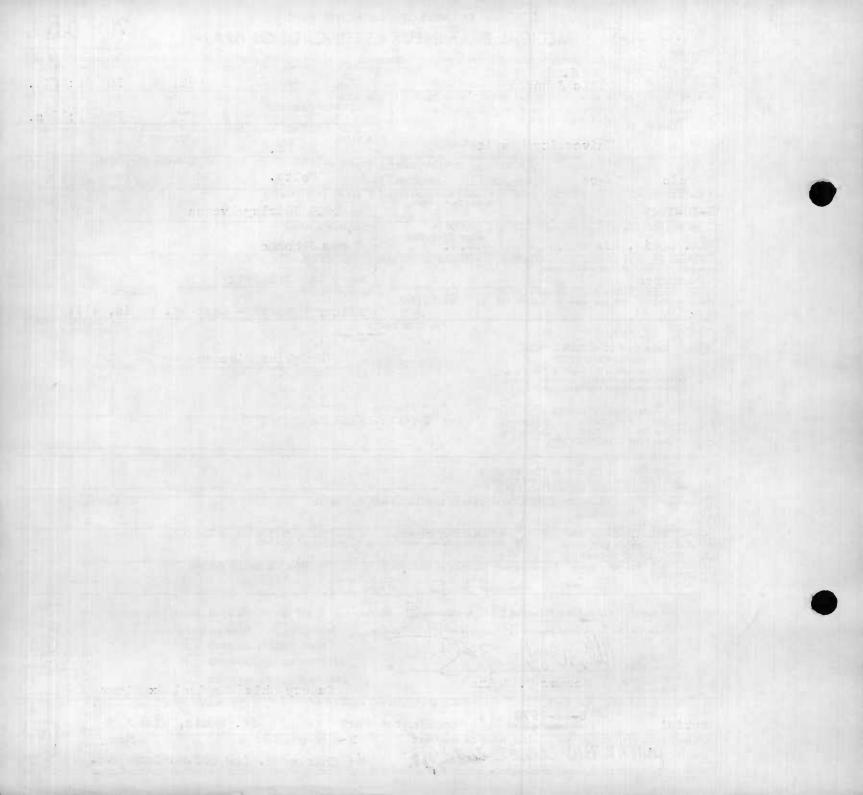
	BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRTH NO. 70 63	311 CERTIFICA	TE OF DEATH REG. No.	70 6311
I. NAME OF DECEASED		2. DATE AND HOUR OF DEA	TH .
Type or Print FRANK BROW	N	JUNE 21	1970   3 30 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE I		4. USUAL RESIDENCE (Where deceased lived.	Il institution: residence before admissio
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MO	INSIDE CITY LIMITS?
THUNERS		BALTIMORE	YES NO
ONIVERSITY HUSPIT,	02	E. STREET AND NUMBER  2362 MADISON AVE	2/2/7
	RRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE Un years	Il Under 1 Yr., If Under 24 H Months; Doys Hours Min.
	OWED DIVORCED	Nov 26 1893 76	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNT
done during most of working life, even it retired)  Truck dreiver  Sea	al Test Dairy	6-7-	
13. FATHER'S NAME	if lest bally	GEORGIA	USA
		14. MOTHER'S MAIDEN NAME	
JAMES BROWN		MARTHA 17. INFORMANT	
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of se	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
INKNOWN	215-10-3647	Sallie Mae Carson - 2302	Madison Ave.
18.24 , 0 44 1	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, heart failure, osthenio, etc. It means the disiniury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stoting UNDERLYING CONDITION lost.	e.g., DUE TO, OR AS OUT TO, OR AS OUT TO, OR AS OUT TO, OR AS	nary Entolism  A CONSEQUENCE OF:  A CONSEQUENCE OF:	Jane Jane
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION WAS PERFORMED WAS PER	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE	RE FINDINGS CONSIDERED
WAS PERFORMED		IN CERTIFYING	CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	218 PLACE OF INJURY (e.g., inhome, form, foctory, street, of	n or obout 21C. WHERE DID (If In Boltin fice bldg., INJURY OCCUR?	more City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E INJURY OCCURRED  While At  Not While  Not Work	21F. HOW DID INJURY OCCUR?	
22. I certify that (1) (this hospital) atten	ded the deceosed from 7	ney 23 1970 to	June 22 19 20
that (1) (we) lost sow the deceased alive	_		
		19 >0 ond that in (my) (our)	phinion decin occurred on the do
ond hour and from the couses stated abo	ve. (1) [me](did)(did not) v	iew the body ofter deoth.	
D a Pino	Alla	nding Med. Staff	23 B. DATE SIGNED
Monald & Total	2/3 Phys	Director L Phys.	June 21 1925
23C. PHYSICIAN'S NAME (Typel	0	23D. ADDRESS	()
RONALD S. POTOTSA	TY MID . DEGREE	UNIVERSITY HUSP. B	ACTO 4/2 2120/
REMOVAL (Specify)	Arbutus Memoria		(City, town, or county) (Stote) Maryland
JUN 22 1970 Vab & E	Me of registrak	25C. FUNERAL DIRECTOR Charles R. Law 802 Mad	lison Ave
5 150-REV. 1/1/68			





70	6313
-	00-

5-525	70 6313 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	70 6313
	(Type or Print)  Ollie Johnson  OF DEATH  Estimoled   6 22  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FRONOUNCED DEAD  PRONOUNCED DEAD  PRONOUNCED DEAD	Year Hour 70 8:15 a.m. Year Hour 70 8:15 a.m. idence before admission)
•	6. SEX   7. RACE   8. MARRIED   NEVER MARRIED   C. CITY OR TOWN   D. INSIDE CITY LI	
	St. Louis, Missouri  Ida. USUAL OCCUPATION (Give kind of work Ida. KIND OF BUSINESS OR INDUSTRY)  Laborer  Ida. USC St. Louis and December 1 to the state of the	ESS
	(Yes, no ar unknown) (ill yes, give war or dates of service)  NO  Officer Funeral - East St. Loui.  CAUSE OF DEATH  CAUSE OF DEATH  (This does not mean the mode of dying, e.g., heart follows, osthenio, etc. it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	S, III.  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21.  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Hour) 22E, INJURY OCCURRED OF INJURY  22F. HOW DID INJURY OCCUR?	AUTOPSY? (Yes ar Na) TIO sotian)
	23.  I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opin resulted from NaturalTBauses Section Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE  EXAMINER'S Werner U. Spitz  NAME (Type)  Autopsy ond that on this basis, death in my opin the spitch of t	DATE SIGNED 6/22/70
•	24A. BURIAL CREMATION, REMOVAL (Specify)  Burial  24B. DATE 6-24-1970  Washington Park  24C. NAME of CEMETERY or CREMATORY  St. Louis, Missou  25A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  25C. FUNERAL DIRECTOR  Charles R. Law 802 Madison	ri ESS
	VS 151-REV. 1/1/68	



BI	RTH NO. 6314 CERTIFICATE OF DEATH REG. NO. 70 6314
1, 1	NAME OF DECEASED  VIRG-INIA A LANSON  2. DATE AND HOUR OF DEATH  6 - 20 - 70   8:45
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before admit A, STATE B, COUNTY
H	USTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET (C. CITY OR TOWN)  (D. INSIDE CITY LIMITS?
4	UNION MEMORIAL HOSP, BALTIMORE YES NO
-	BALTIMORE, MARYLAND 1800 N. CHARLES ST.
	SEX 4 6. RACE NARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Nonlins Doys Hours N
10/	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or loreign country)  12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Stole or loreign country)
	RETIRED-NURSE UNIVERSITY HOSP. MARYLAND W.S.A.
13.	FATHER'S NAME 4
	JOHN, LAWSON MARY WILSON
15. (Ye	JOHN LAWSON  Was Deceased Ever in U. S. Armed Forces?  Security No.  NO  MARY WILSON  16. SOCIAL SECURITY NO.  17. INFORMANT MRS. SALLY MARBURADRESS  (1405 PITAL RECORD) (SAA)
	NO 216-32-3074 (HOSPITAL RECORD) (SAO
	18. 153 X 1 CAUSE OF DEATH APPROXIMATE INTER
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  ACUTE RENAL FAILURE
	(This does not meen the made of dying, e.g.,
	heart latiture, astheria, etc. Il means the disease, injury or complication which caused death.)
	ANTECEDENT CAUSES SEPS 1 S
	DISEASES OR CONDITIONS, If any, giving  (8)  DUE TO, OR AS A CONSEQUENCE OF:
	underlying condition last. (c) CARCINOMA OF COLON
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
AT	
TIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes o No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CERTIF	21A. ACCIDENT WAS UNDERLYING DELACE OF INJURY (e.g., in or obout 21 C. WHERE DID AND IN IN Rollimore City give every location)
	OR CONTRIBUTING CAUSE OF home, form, fociory, street, office bidg. INJURY OCCUR?
4	
CA	OF INJURY  (APPROX)  While At   Not While
CA	Work LJ At Work L
MEDICA	122. I corrier that (1) (this hasnisal) attended the descend for
MEDICA	22. I certify that (1) (this hospital) attended the deceased from 6-7 19 70 to 6-20 19 7 that (1) (we) last saw the deceased glive on 6-7
MEDICA	that (1) (we) last saw the deceased alive on 6-19 1974 and that In (my) (our) apinion death accurred an the
MEDICA	that (1) (we) last saw the deceased alive on 6-19 1974 and that In (my) (our) apinian death accurred an the and haur and from the causes stated abave. (1) (We) (did not) view the body after death.
MEDICA	that (1) (we) last saw the deceased alive on 6-19 1970 and that In (my) (our) apinian death accurred an the and haur and from the causes stated abave. (1) (We) (did (did not) view the body after death.  23A. SIGNATURE 23B. DATE SIGNED
MEDICA	that (1) (we) last saw the deceased alive on 6-19 1970 and that In (my) (our) apinian death accurred an the and haur and from the causes stated abave. (1) (We) (did (did nat) view the body after death.  23A. SIGNATURE  Attending Med. Staff Phys. Director Phys. Director Phys.
MEDICA	that (1) (we) last saw the deceased alive on 6 / 9 19.7 1 and that In (my) (our) apinian death accurred an the and haur and from the causes stated abave. (1) (We) (did (did nat) view the body after death.  23A. SIGNATURE  Attending Med. Shaff Phys.   Attending Med. Director Phys.   6 - 20 - 7
MEDICA	that (I) (we) last saw the deceased alive on 6-19 1971 and that In (my) (our) apinian death accurred an the and haur and from the causes stated abave. (I) (We) (did (did nat) view the body after death.  23A. SIGNATURE  Attending Med. Staff Phys.   23B. DATE SIGNED   DEGREE Phys.   23D. ADDRESS   Dr. J. Shaffer   Union Memorial Hospital
MEDICA	that (1) (we) last saw the deceased alive on 6 / 9 19.7 and that In (my) (our) apinian death accurred an the and haur and from the causes stated abave. (1) (We) (did (did nat) view the body after death.  23A. SIGNATURE  Attending Med. Staff Phys.   Attending Phys.   6 - 20 - 7  23C. PHYSICIAN'S NAME (Type)  Dr. J. Shaffer  Union Memorial Hospital  A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY of CREMATORY   24D. LOCATION (City, town, or county) (Sto
MEDICA	that (I) (we) last saw the deceased alive on 6-19 1971 and that In (my) (our) apinian death accurred an the and haur and from the causes stated abave. (I) (We) (did (did nat) view the body after death.  23A. SIGNATURE  Attending Med. Staff Phys.   23B. DATE SIGNED   DEGREE Phys.   23D. ADDRESS   Dr. J. Shaffer   Union Memorial Hospital

Sportifican . Askn Appanier daily CHEZYAM BROMITSHE 72 3 5-1474-5 W 6581 16.42 0 - 12 - 7 - 79 HER CHRISH 467462 LIBERT LANGERY WARLY WILLIAM C95038 147 4200 BRUDING JEWAL FAILURE 351515 purifica are breaden was ASE 1 D - 1 70 ce of do-11 15 44 5 8

YES 7

If Under 1 Yr. Months! Doys

NO

12. CITIZEN OF WHAT COUNTRY?

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ADDRESS

SIGNED

ADDRESS

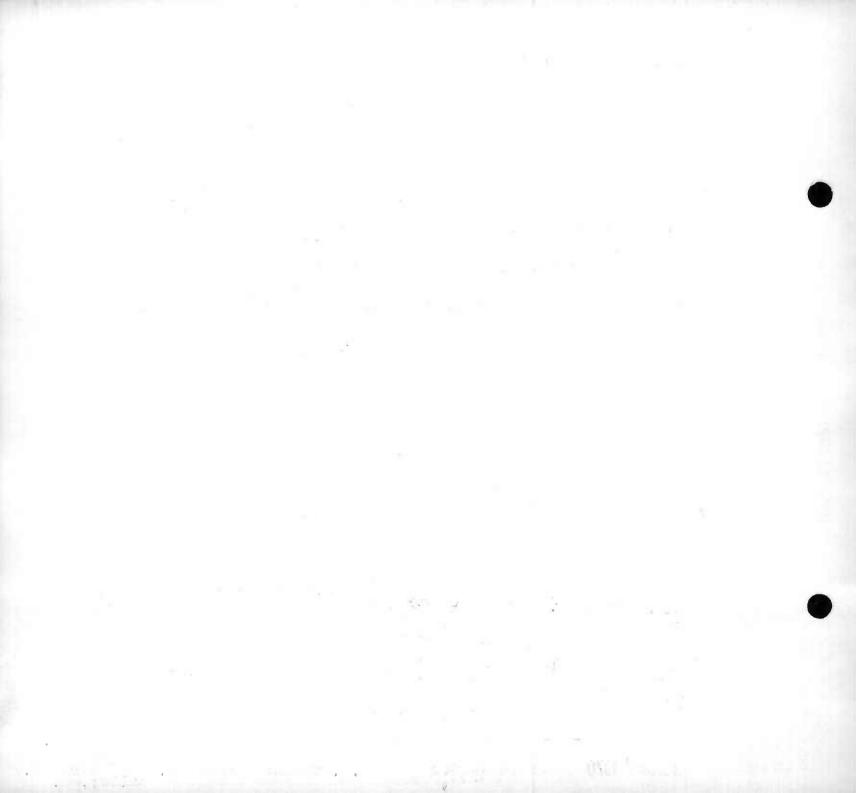
(State)

Md.

York Rd

If Under 24 Hrs. Hours

IMPORTANT DIRECTOR: FUNERAL



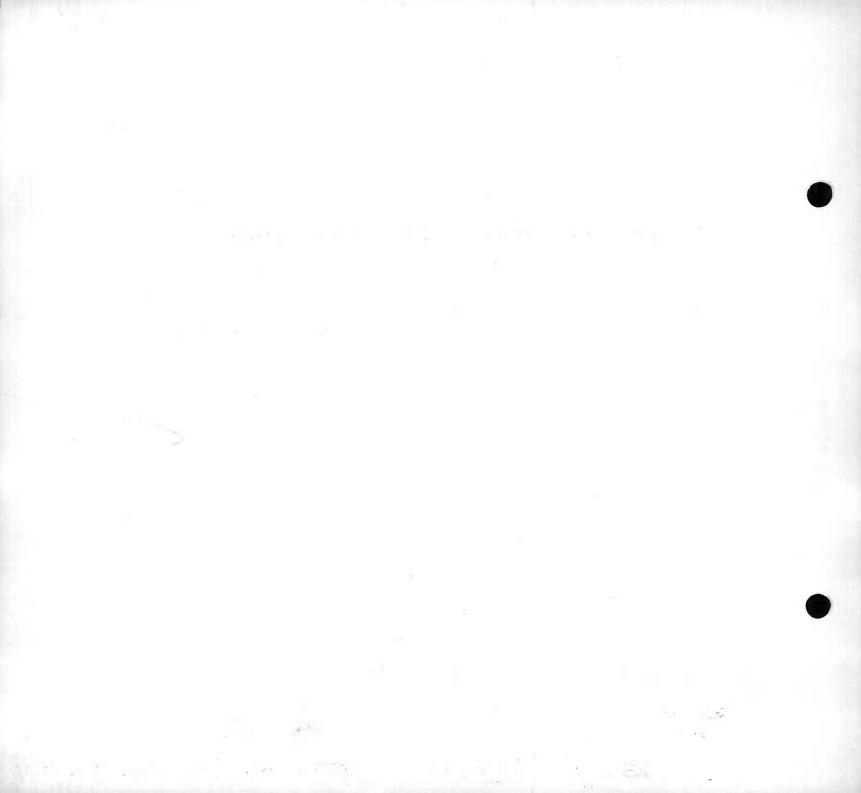
- /	26.05	1	NO.		70	6316	CERTIFIC	ATE OF	DEATH	Registered Na.	.70	6316
	and leath assed the Such	1, NA	ME OF DECE	ASED M	San	00:01			1 -	D HOUR OF DEATH		- A- 5
	of de of de Dece	3. PI	ACE OF DEA	TH IN BALTIN		RYLAND	<u> </u>	4. USUAL A. STATE	RESIDENCE (When	e deceased lived, If in	stilution: residen	ce before odmission)
	5 0		JLL NAME OI	(If not in	n hospital (	or institution, go	re street	Ma	ruland	Baldir	nore	27/1
	cause use; (5) tendan		OSPITAL OR	oddress	or location	)		C. CITY O	R TOWN ()F out	side city limits, write		township)
	ng caus caus afte	3	vonula	MD (5-	บทาก	as Host	JAMI	D. STREET	ADDRESS (IF	rurol, give location)		
	ar de		,					46	01 Mil		500-9	
	5#.5500	5. SE	31 1	6. RACE			DIVORCED (specify)	8. DATE O		9. AGE (In years lost birthdoy)	Months Doys	If Under 24 Hrs. Hours Min.
	S S S S S S S S S S S S S S S S S S S			PATION (Give		10B, KIND OF	SUSINESS OR INDUS	TRY 11. BIRTHP	LACE (State or forei	gn country)	12. CITIZEN C	DF OUNTRY?
	or c ndet ndet dec	done	Jourself M		ir renrea;	OWN	Home	Ma	ryland		U8	A
	was was pos	13. F	ATHERS NAM	E	0.	1	11		ER'S MAIDEN NA	AE .		
Z	dire dy (4	15 V	HA Decessed	NES	116	IN DO	IIR 6. SOCIAL	17. INFORM	BTHA	A. G	RIME	C
TA	0000	(Yes.	no or unknown)	(If yes, give v	vor or dote	s of service)	SECURITY NO.	03/1/			MEA	DOW Rd
OR	t t		1B. 5 QD	1		04	CAUS	OF DEATH	IAM F.	SCHMICK	INTER	RVAL BETWEEN
MP	G G = +0 B			E OR CONDI		ECTLY	(	0000 V	1	5 0000		1 AND DEATH
=	Also one one alme		(This does no heart failure,	of meon the	mode of		DUE TO	21111	Regario	e sepas	<i>A</i>	^
OR:	ner. actu pro pro pro mba		injuty of com	olicolion which	h coused		1	chon	20 hurs	3	-6	Jbsc -
CTC	A fr		DISEASES O	NTECEDENT		ony giving	DUE TO	1				anna munu ann ann 5 Anns 35 55 55 55 55 55
RE	alex (3) / an w in i		rise to the	obove co	use (A)		(C)					
SAL D	medical medical burns; physicia an was remain	ATION		ATH BUT I	NOT RELA	ONTRIBUTING TED TO THE						
NER	a nody he l sici		9A. DATE OF	OPERATION	19B. CON		HICH OPERATION	20 A. AL	TOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CON USES OF DEAT	SIDERED H?
5	by by (2) B re t phy fore	U	21 A. A CCIDEN OR CONTRIBU	T WAS UND	RLYING	21 B. P	LACE OF INJURY (e. lorm, foctory, stree	g., in or obout 2	C. WHERE DID	(II in Boltimore	e City, give exo	ct locotion)
	by the pital b re; (2) where No pl d befo	CA	DEATH (notify			etc.)	iomi, fociory, since	, other brogs, it	NOW OCCOR.			
	hosp atur pt w (6)	3	OF INJURY	(Month) (Do	y) (Yeor)	While		While	IF. HOW DID INJ	URY OCCUR?		
	he Iny n			that ( <b>)</b> (this	hospital	) attended the	deceased fram			1970 10 6	21	1970
	0 0 0	1	that () (we)	last saw the	decease	d alive an	6/21	19	20 and th	at in (my) (aur) api	nian death ac	curred an the dat
	ased to dent of ospital death) must be				uses stat	ed abave. (V)	(We) (did) (did	t) view the bo	ady after death.		23B, DATE SIG	ANED.
	must be o eleased t ccident of a hospital to death) al must b		34 SIGNATU	I her	Vee	Shi ()	M.D.	Attending Phys.	Med. Director	Stoff Phys.	6 3	1/70
	certificate body was r rs: (1) An ac D.O.A. at c ased prior		NAME (Ty	MARI	127	Rage.	Tul "	.D. MC	Managama	Gameinin	Dan	1 3m00° /
		24A.	BURIAL CREA	AATION, 24B.	DATE	24C. NA	AE OF CEMETERY OF				ity, town, or cou	
	This certi the body shows: (1) was D.O. deceased written a	b	Burial	6	-24-7		don Park (			ltimore	Mo	
	This ce the boc shows: was D. deceas	25A.	JUN	23 197	O Rol	25B, NAME OF	Bey M.D.	H.V	Valenkins	Sons Co. Baltimore,	4905 Y	ork Rd.
		V5 1	50-REV. 1/1/6	5			À.					

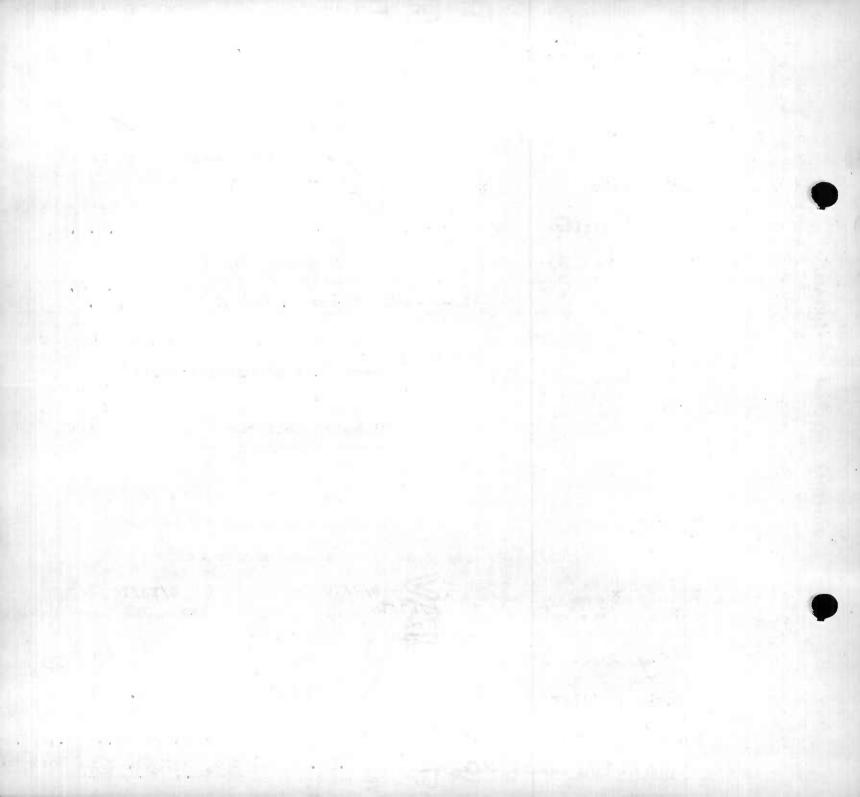
BALTIMORE CITY HEALTH DEPARTMENT

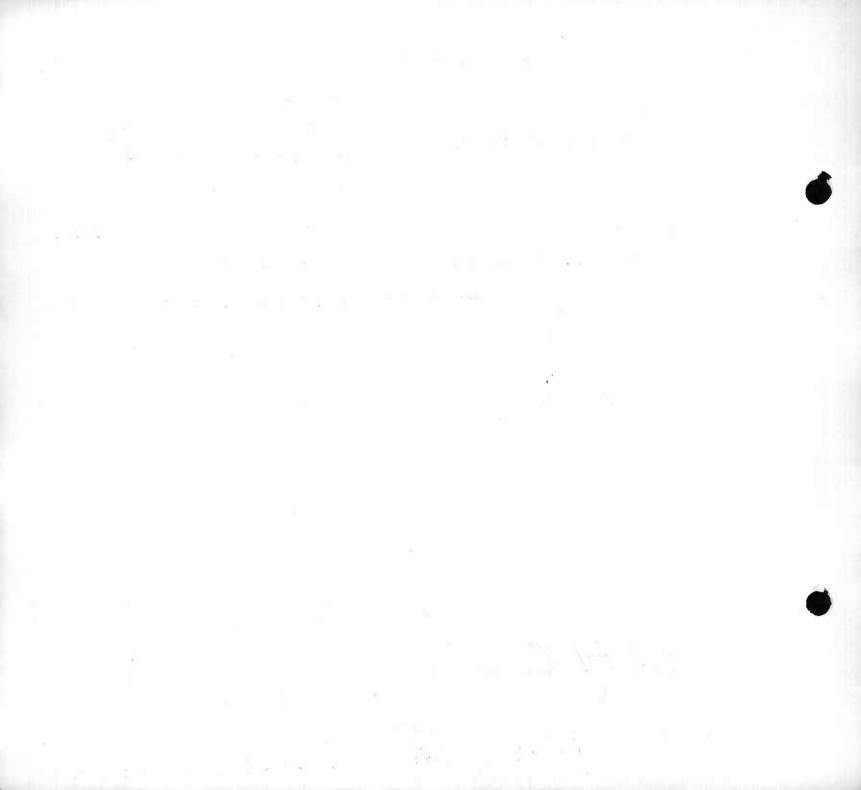
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**DIRECTOR:** 

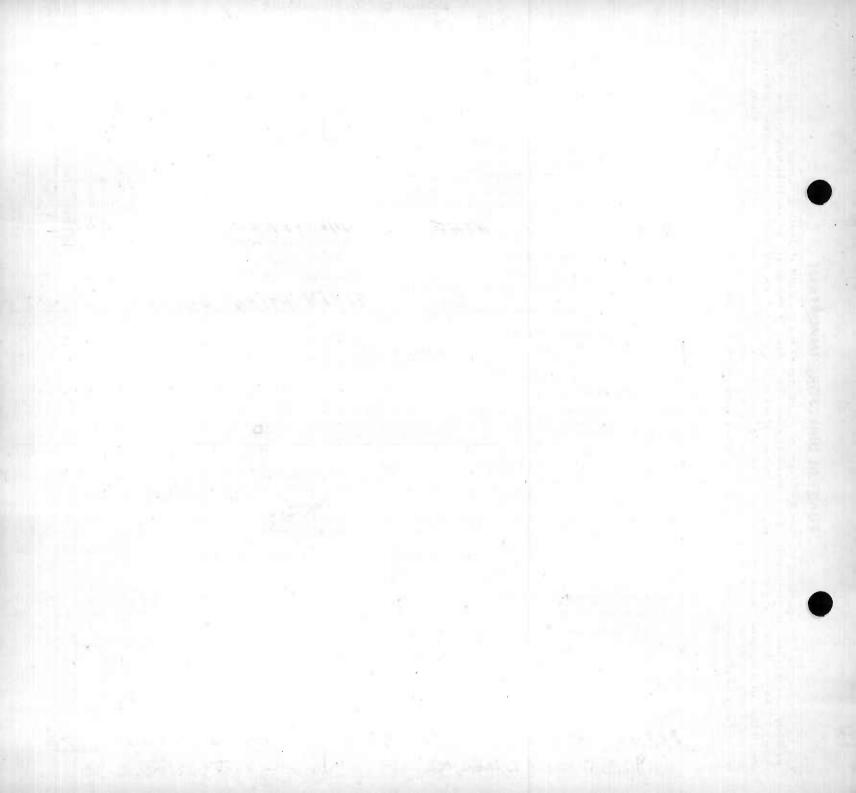






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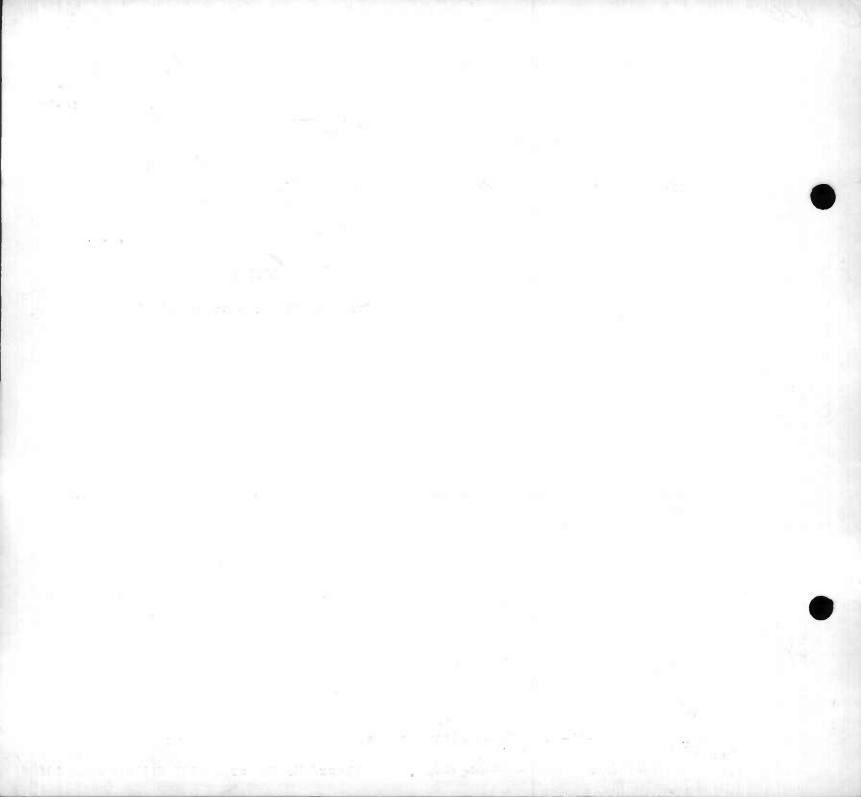
	חלי .	0020		Y HEALTH DEPARTM	1/	70	6320
BIRTH NO. FA	ederich Ce ?	20,520	CERTIFICA	TE OF DEA	TH /		0000
Type or Print)		7 A T			ATE AND HOUR OF DEA		7.0.001/17
2 51 4 55 111 541	MARK W. HYI		Water Bank		JUNE 17, 197		12:00MN
3. PLACE IN BAI	LTIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD		. COUNTY	ir institution; resi	dence before domissi
ULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	MON, GIVE STREET		FREDERICK C	-0	60-00
NOITUTITE	ADDRESS OR LOCA	4 11014)		C. CITY OR TOWN		INSIDE CITY LIM	
mrrn -	TOTAL TIODUTA	7. TTO G.D.	TMAT	UNION BR		YES	ио 🛣
THE C	JOHNS HOPKI	NS HOSP	TTAL	E. STREET AND NUM		_	
SEX	L nage	T		ROUTE #			
	6. RACE		NEVER MARRIED		9. AGE (In years lost birthdoy)	If Under D	Tyr. If Under 24 I Doys Hours Min
male	white	WIDOWED		05/16/70		1:	1
	UPATION (Give kind of working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	e or foreign country)		N OF WHAT COUN
NON	E	N	ONE	MARYL	HND		454
FATHER'S NA	ME			14. MOTHER'S MAID	EN NAME		
	TERRY H	<b>YLAN</b>		JUDY WI	LLIAMS		
. Was Deceased	d Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		-	ADDRESS
es, no or unknown	n) (If yes, give wor or dote	s of service)	SECURITY NO.	TERRIL	111111111111111111111111111111111111111	. 2010	p - 100
110			CAUSE OF DECE	1EIIIY H	ILMN UNIO	N BRID	
1B. 74	6.9		CAUSE OF DEAT	n			APPROXIMATE INTERVA
DISEA	SE OR CONDITION DI LEADING TO DEATH	RECTLY		CARDIAC	RESP. ARRES	T 1	0 min
(This daes	nat mean the made al	dying, e.g.,	(A) IMMEDIATE CA	USE A CONSEQUENCE OF:			
	, osthenia, etc. It means mplicolian which caused		502 TO, 011 A	A CONSEQUENCE OF			
	ANTEGEDENT CAUSES		CONGENITAL HEART DISEASE				1 month
			(B)	A CONSEQUENCE OF			
	OR CONDITIONS, if above couse (A)						01
UNDERLYING CONDITION 1051. (C) POST				OP. PUL. B	ANGING		2 wks
	11		2				_
	FICANT CONDITIONS CO TH BUT NOT RELATED TO T		Pale	al ommas	212832		5 Dyc
DISEASE OR C	F OPERATION 198 CON	T 1 (A).	WICH OPERATION	20A. AUTOPSY? (Ye		FRE FINISINGS 6	ONGIDERED.
2	WAS PER	FORMED	THICH OPERATION	4.4	IN CERTIFYING	CAUSES OF DE	ATH?
U	NT WAS UNDERLYING	7 21 B.	PLACE OF INJURY (e.g.,	in at about 210 WHERE	DID //f in Bol	timore City, give	exact location)
OR CONTRIB	UTING CAUSE OF y medical examiner)	home etc.)	e, form, foctory, street, o	ffice bldg., INJURY OC	CUR?	more chy, give	exoct to conon;
ا ز							
21D. TIME OF INJURY	(Month) (Day) (Year)		INJURY OCCURRED		DID INJURY OCCUR?		
(APPROX.)		Worl	e At Onk	le 🔲			
22. I certify	that (1) (shishbasika	attended th	e deceased fram	6/3	1970ta	6/18 17	1970
					and that in (my) (aur)	apinian death	accurred an the
	d from the couses sta						
23A. SIGNATI		(1)	WASTICAL (ATACINA)	Ino bady affer		23B, DATE	SIGNED
	(X).			ending Med.	r Staff Phys.		18/70
23C. PHYSICI	ANS	re	GEGREE Ph	23D. ADDRESS	r L Phys. AJ	00/	10/10
PHYSICIA NAME (	Type	SERVED	M D		C HODETHE II	OCDIMAT	
	ROBERT S	ZETGER	- OEGREE		S HOPKINS H		
REMOVAL		24C. NA	ME of CEMETERY of CR	EMATORY	24D. LOCATION	(City, town, or	county) (Stot
BUR	IAL 6/20/1	0 37	PETERS	500	LIBERTY	TOWN	MD
SA. DATE REC'E	BY HEALTH DEPT	25B. NAME O		SC. FUNE AL D	RECTOR	000 11	ADDRESS
JIIN	23 1970 Pabe	BE. Fall	en M.D.	6	Daites	4×600	/
S 150 DEV 1/1/	/6B			15/3		1.4-	



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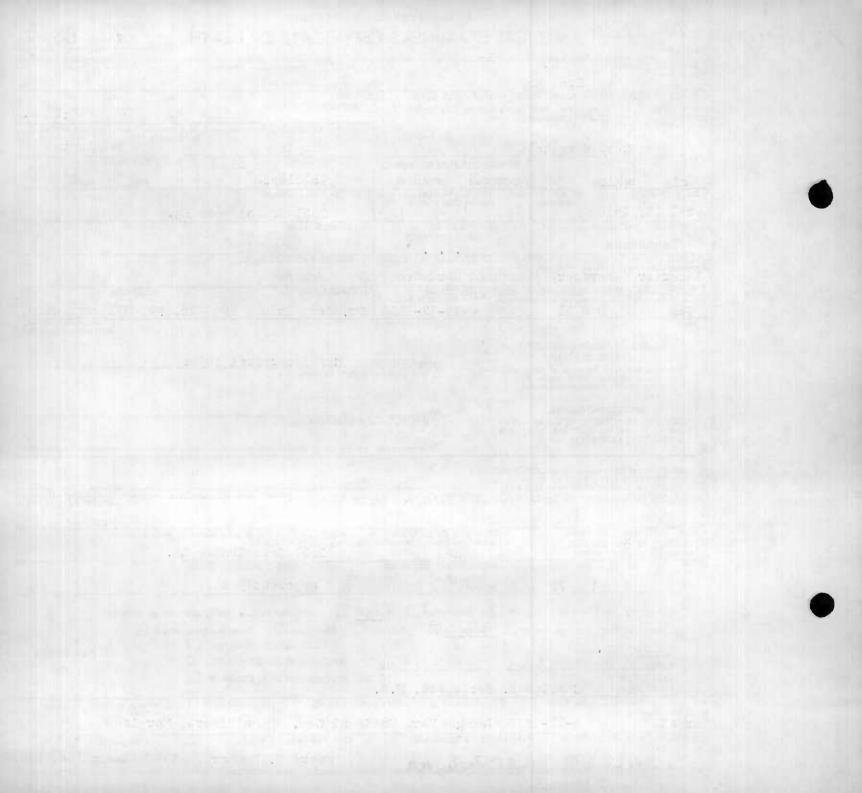


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MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
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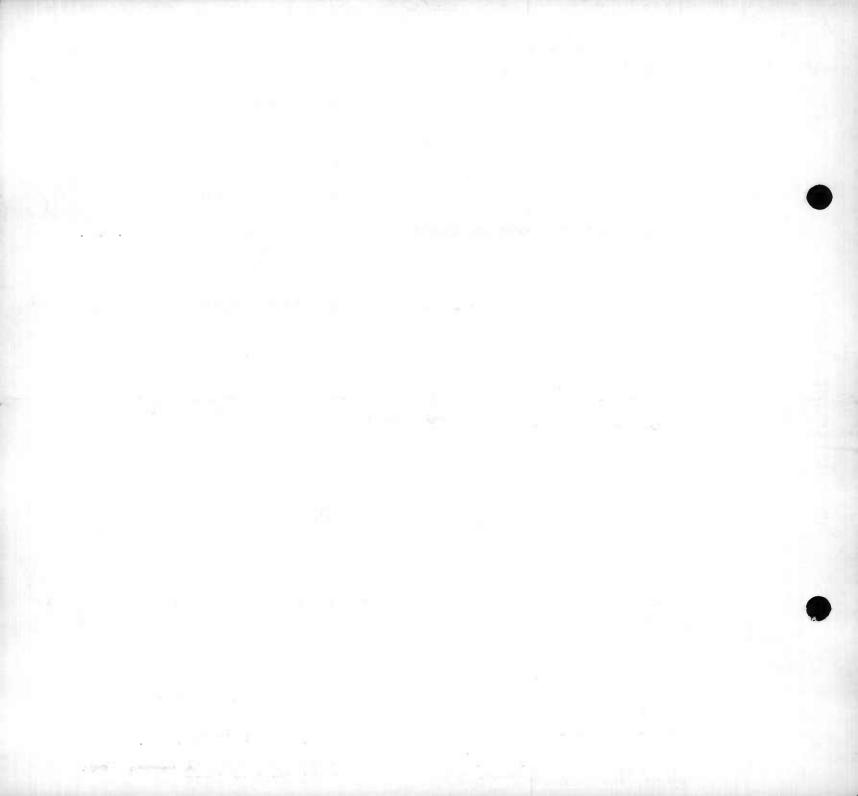
BIRTH NO.		MILD	ICAL	LYWAIIIAFK 2	>FIX 1 11 1	CAILOI	DLAI	REG. NO	.,,	00^	
I. NAME OF DE	CEASED	K.			2. DATE	Known 🗵	Month	Day	Year	Hour	
(Type or Print) Ira McGill			OF	Estimoled			100	1			
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				DEATH 3. DATE	Estimoled C	Atomak	D	Yeor	Hour	М.	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)					JNCED DEAD	Month 6	17	70	10:25	a <sub>M</sub>	
OR INSTITUTION					A. STATE	ESIDENCE (Where	e deceosed li	B. COUNTY			sion)
		lospita	1:			Maryland				imore	
6. SEX	7. RACE		8. MARRIE	D NEVER MARRIED	C. CITY OR	TOWN Dung	da 1k	D. INSIDE C	ITY LIMITS?	99	+00
male	white		WIDOWE	DIVORCED	1	XXXXXXXX		,	res 🗌	NO 🖾	
9. DATE OF BIRT		10. AGE (in	yeors	Under I Yr. II Under 24 Hrs.	E. STREET	ND NUMBER		-			-
April 11,	1916	lost blethdo	2 .	onths Days Hours Min.		527 Cahaa	1 hours	To			
II. BIRTHPLACE		n country)	54	CITIZEN OF	113. FATHER	2527 Schoo	THOUSE	: Ца.			
		in continy)	"	WHAT COUNTRY?	IS. PATREK	3 NAME					
Tenne				U.S.A. Jim M		Jim McGi					
done during most of	PATION (GIV	e kind of work	14B. KIND	OF BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	ME				
Interior			Westwo	ood Hardware	1	Jnknown					
16. WAS DECEAS					18. INFORA				DDRESS		Md
			of service)		1000						DM
Yes	WV	V 11		413-12-1858		ary Irish	9908	Rt. 99			Lty,
19 8	87	Y		CAUSE OF DEA	TH					PROXIMATE IN	
DISEAS	E OR COND	MON DIREC	TIV								
1	LEADING TO		-161		ALLER CO.	n i a a a maha	1 . in.				
(This does n	not mean the	mode of dy	ing, e.g.,		AS A CONSEQ	niocerebi	al III	lury			
heart failure	r, asthenia, étc mplication whi	. It means the	disease,	DOL 10, 0K	W A CONSEQ	oringe Oil					
injury or co.	inplication with	HI COASCA MAC	na. J								
Al	NTECEDENT	CAUSES		(R)							
DISEASES	OR CONDITION	ONS, IF ANY	GIVING	(B) DUE TO, OR	AS A CONSEC	UENCE OF:					
RISE TO THE	E ABOVE CAI NG CONDITI	USE (A) STAT	ING THE								
Z	CONDIII	or thur.		(c)							
Ĕ		11									
OTHER SIGN	AIFICANT CON	NOTIONS CO	ONTRIBUTIN	IG							
DISEASE OF	CONDITION	GIVEN IN PA	RT 1 (A)-	AL							
OTHER SIGN TO THE DEL DISEASE OR 20A. DATE OF	F OPERATION	1 208. CON	IDMON FO	R WHICH OPERATION W	S PERFORM	ED			21. AUTO	PSY? (Yes o	r No)
Ö											
₹ 22A. FXTER	NAL CAUSE	MAC	122	P DI ACE OF INITIDY	tot	C WHERE DID	for a for the		yes		
UNDERLYING			ho	B.PLACE OF INJURY (e.g., me, farm, factory, street, office	a bidg., etc.) if	UURY OCCUR?	(il in Baltimoi	e City, give ex	acl location)		
□ UTING □ CA				home		2527 Schoo	1house	e La.	3	3-0	9.
≥ 22D. TIME OF INJURY	(Month) (D	oy) (Year	(Hour)	22E.INJURY OCCURRED	2 2	2F. HOWDID IN.	JURY OCCI	JR?			
(APPROX.)	6 1	70	2	WHILE AT NOT AT W	WHILE X	apparent	1 v fol	1			
23.	0 1	70	: m	WORK L AT W	ORK A	apparent	Ly ICI.	L .			
	ify that I h	ald an In	ngulry [	Inspection Au	topsy 🖸	and show on all		2-4-			
			· -			and that on th	ile pasis,	death in my	opinion		
resul	ted from: N		ses L	Accident X Suicid	e L Ho	micide 🔲	Undetermi	ned manner			
	(1)	0 6	()	1. 0		HIEF MEDICAL E	XAMINER				
ACTUAL	\ /	harl	21'	d - it	ASSIS	TANT MEDICAL E	XAMINER	X		DATE SIGN	IED
SIGNAT			-3 0 1	TO M.D	•						
NAME (1		Charle	99	Springate, M.D.	ASSO	CIATE MEDICAL E	XAMINER		6/1	8/70	
24A. BURIAL CRE		48. DATE		24C. NAME of CEMETERY		DV lais	10045000	400			
REMOVAL (Speci				240. NAME OF CEMEIERY	DI CREMAIO	240.	LOCATION	(City, low	n, ar county)	(State	e)
Buria1		6-22-1	1970	Loudon Park Nat	tional	Cem. B	altimo	re, Mar	yland		
25A. DATE REC'D	BY HEALTH	DEPT.		ME OF REGISTRAR		UNERAL DIRECTO			DDRESS		
											010
	NZ3 K	1/1 (%	Be & E	Jaben KD	Ho	ward, H., H	ubbard	, 4107	wilkens	a Ave.	212
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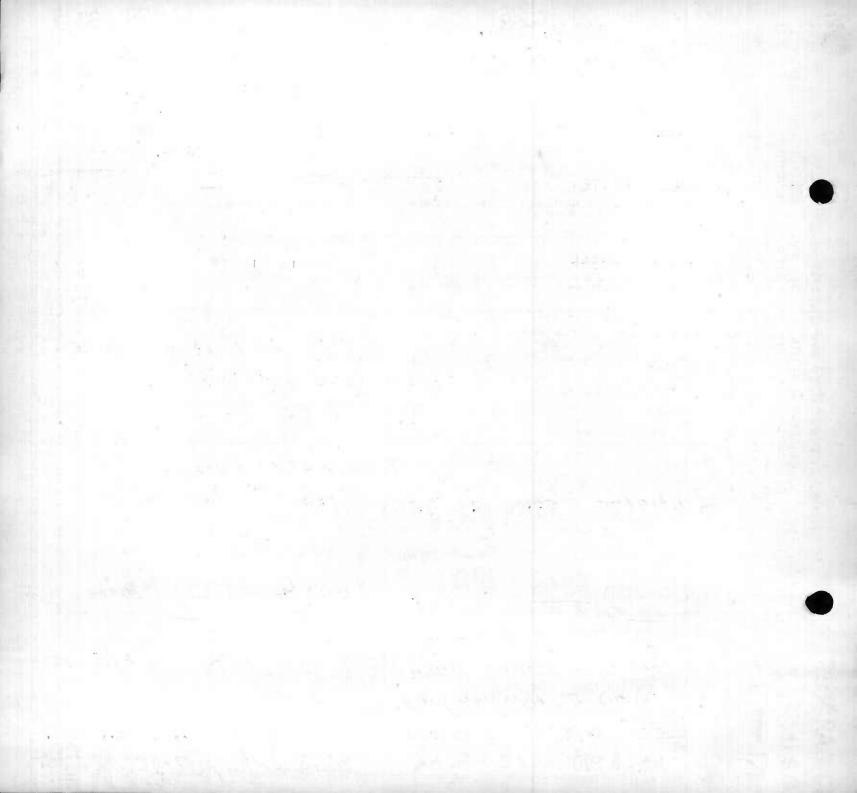
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	11/11	BALTIMORE CITY HEALTH DEPARTMENT
5-1	75795	70 6325 CERTIFICATE OF DEATH REG. NO. 70 6325
1000	death death eased n the Such	BIRTH NO.  1. NAME OF DECEASED  2. DATE AND HOUR OF DEATH
	de de ce de	(Type or Print) Hruna M. Svehla June 19, 1970 4:15 p. M
	ath of the	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  A. STATE  B. COUNTY
	hospit Ise of (5) De ance deat	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
	radind	HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION ON Believe Ave
	au au	E. STREET AND NUMBER
	r d c	811 N. Belione Hu
	rribu nine gula sed mad	5. SEX   6. RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In yeors lost birthday)   Months; Doys Hours Min.
	occu ntril rmir egu egu esed	Fomale White WIDOWED DIVORCED Nov. 22, 1897 72 Months Doys Hours 100. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or Toreign country) 12. CITIZEN OF WHAT COUNTRY:
	th co n n	done during most of working life, even if retired to the working life.
	Jude Jude is ir	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
	if d (4) U was the spos	Faril Culd. A Sulda Pikayy
Z	F= 1.4 E = 7	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
IMPORTANT	ssistar the c kind deat deat nce o final	No. SECURITY NO. 21522466 Mildred E. Drebing 6206 Folden Rung Rd
Ö	if if if iny ed dan	IB APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AP	o, o, und	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
=	Als nou att	(This does not mean the made of dying, e.g.,  Out TO, OR AS A CONSEQUENCE OF:
ä	er. ctu pro lar	heori failure, asthenia, etc. Il means the disease, injury or camplication which caused deoth.)
5	fra fra	ANTECEDENT CAUSES (B) Lyperlinsen C-Y. Disease.
DIRECTOR:	×ar ×ar ×h ×h	DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stating the
8	al an s in	UNDERLYING CONDITION lost. (C) Junious austano!
	edical dical rrns; rsici was mai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
S S	bon by by	TO THE DEATH BUT NOT RELATED TO THE TERMINAL    O THE DEATH BUT NOT RELATED TO THE TERMINAL   DISEASE OR CONDITION GIVEN IN PART I (A).
FUNER	a rody ody he he sici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION (IN CERTIFYING CAUSES OF DEATH?)
5	by by 2) B re t phy fore	U 21A, ACCIDENT WAS UNDERLYING 218, PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Baltimore City, give exoct location)
-	her her her bef	OR CONTRIBUTING CAUSE OF home, foctory, street, office bldg., INJURY OCCUR?
	d by spiriture ture t w 6) N	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	hoo hoo	(APPROX.) While At Work Not While
	the iny exc	22. I certify that (I) (this hospital) ottended the deceased from 3/2/ 1969 to 6/19 19/10
	of o	that (1) (we) last sow the deceased clive on the dots
	be be de	and hour and fram the causes stated obove. (I) (\(\frac{\psi_0}{\psi}\) (did not) view the body ofter deoth.
	ease ider hosp o de	Attending of Med. Staff ( 6/20/70
	rel acc	23C. PHYSICIAN'S  23D. ADDRESS
	was (1) An of A. at d prio	LOUIS F. KLIMES M. D'DEGREE 2623 C. Morumend M.
	dy (S)	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, Igwn, or county)
	Co. Co.	Bureial 6-05-10 Holy Rede emer emetry Baltimore, Mr. 210.
	the books: was D. deceas	111 23 1000 Pober E. Jaben 20   25C. AUNERAL DIRECTOR VOLE 4   21(Ch. S. Age. Ac.)
	-+ u > u >	VS 150-REV. 1/1/6B

المنافعة الم LOUS BEEFINGS IN DIN SESSE SIGNAME Physical Street and Street and Street Street Street

52/1	BALTIMORE CITY HEALTH DEPARTMENT  70 6326  CERTIFICATE OF DEATH V REG. NO. 70 6326
the	BIRTH NO. GOSNELL, Todd J. CERTIFICATE OF DEATH
	1. NAME OF DECEASED (Type or Print) Cosnell, Todds  2. Date and Hour of Death  6-18-70 2.50 PM
	3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmit A. STATE  PENNSY B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
*	THE JOHNS HOPKINS HOSPITAL  YORK  YES NO THE STREET AND NUMBER
L	3 3 4074 OLD ORCHARD RD.
5	MALE WHITE NEVER MARRIED NEVER MARRIED 3-29-70    SEX   SEX   S. PATE OF BIRTH   S. DATE
	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  done during most of working life, even if retired)
1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	JAMES GOSNELL GLORIA MILLER
10	S. Wos Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service)  1 6. SOCIAL SECURITY NO.
-	18. 74 7 A APPROXIMATE INTER
۱	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (4) IMMEDIATE CAUSE TOTAL ANOMALOUS SINCE IS
	(This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:
ı	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)  PULM VENOUS RETURN
ı	ANTECEDENT CAUSES
	rise Ia lhe abave cause (A) slating lhe
	UNDERLYING CONDITION lost, (C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
	U 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20A AUTOPSYZ (Yes of No) 20B IF YES WERE FINDINGS CONSIDERED
1754	
	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obob)   21C. WHERE DID (If in Baltimore City, give exact location)   OR CONTRIBUTING   CAUSE OF DEATH (notify medicol examiner)   CAUSE OF INJURY OCCUR?
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	OF INJURY  While At Not While At Work  At Work
	22. I certify that (I) (this haspital) attended the deceased from 6/12/70 19 ta 6/18 19
	that (1) (we) last saw the deceased alive an 6/18 19 70 and that in (my) (aur) apinian death accurred an the
	and haur and fram the causes stated abave. (1) (We) (did) (dld nat) view the bady after death.
	23A. SIGN ATURE 23B. DATE SIGNED  Attending Med. Staff M
	23C. PHYSICIAN'S  Attending Med. Director Phys. Staff Phys. 23D. ADDRESS  23D. ADDRESS
	NAME (Type)  AND T A (DINMARA) MAD
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (St
	Burial 6/20/70 Locust Grove Windsor Twn., York Co., Penna.
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
1	JUN 23 1970 Obbert E. Jaben, M.D. Workinger 849 E. Market St
V	\$ 150-REV. 1/1/68



VS 150-REV. 1/1/68

Galled N. 76. gave address as, 4605 le dmonson aux. admited the company of the business AT THE PART PLEASE LEVEL BERT

The desired or when it

	AME OF DECE					2. DATE AND			
(Typ	oe or Print)	George	Sheldon	Nosking		6/20,	70	1.00	7:00 A
3. 1	PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RES	B. COUNTY	deceased lived.	If institution: re	esidence before odn
FII	LL NAME OF	(IE NOT IN HOSPIT	AL OF INSTIT	UTION, GIVE STREET	Md.		Balto.		1/-/
HC	SPITAL OR	ADDRESS OR LOC	ATION)	OTION, GIVE STREET	C. CITY OR TO	WN	D. I	NSIDE CITY L	IMITS?
			1, 2		Baltd	more		YES X	NO
	4103 Glenhunt Road					NUMBER			
	100					4	103 Glen	hunt Ro	ad
5. S	EX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIR		AGE (In years	If Unde Months	Doys Hours
	Male	Caucasian	WIDOWED		9/8/188				
		PATION (Give kind of working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(Stote or foreign	country)	12. CITI	ZEN OF WHAT CO
aon		keeper	Kimbal	1-Tyler Co.	Baltin	ore M	d.		U.S.A.
13.	FATHER'S NAM					MAIDEN NAME			
	C	anna Hoakin	7			Annie E	. Whitmo	110	
15. 1		eorge Hosking		16. SOCIAL	17. INFORMAN		- WILLOWS	10	ADDRESS
(Yes	s, no or unknown)	(If yes, give wor or dote	es of service)	SECURITY NO. 212-01-5139-					212
	No					L.Coburn	203	E.Medw:	ick Garth
	18.4/2	,31		CAUSE OF DEA	тн				APPROXIMATE INTE
	DISEAS	E OR CONDITION DI	RECTLY			, -		L	
		LEADING TO DEATH		(A)IMMEDIATE CA	USE Care	diac a	res		munul
	(A) IMMEDIATE CAI (This daes not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease,					- OF.			
					A CONSEQUENC	E OF:			
	heart failure,		the disease,		A CONSEQUENC	E OF:	,		
	heart failure, injury ar com	aslhenio, elc. Il means	the disease, deoth.)		A CONSEQUENC	to le	11		4.
	heart failure, injury ar com	aslhenio, etc. II means plication which caused INTECEDENT CAUSES	the disease, deoth.)	(8) arter	a consequence	tec le	and de	na	e - ye
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	heart failure, injury at com  A  DISEASES Orise to the	asthenio, etc. It means plication which caused NTECEDENT CAUSES R CONDITIONS, if	the disease, deoth.)	(8) arter	ioselu	tec le	and de	ica cy	e - yea
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MEDICAL CERTIFICA	heart failure, injury ar command injury are contributed injury (APPROX.)  21 A. ACCIDEN OR CONTRIBUDEATH (notify 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and haur and 23A. SIGNATUL	ashenio, etc. II means plication which caused interest to the cause of	any, giving stating the INTRIBUTING HE TERMINAL IT 1 (A).  (Hour) 21E, Whi World of the ded olive on	(8) Outer DUE TO, OR A  (C) Myo  WHICH OPERATION  PLACE OF INJURY (e.g., e., form, foctory, street, d.)  INJURY OCCURRED ite At Not What whe deceased from 19 June  (We) (We) (did not)	20A. AUTOP  No in or obout 21 C. Woffice bldg., INJUR  21F. H  ile 19 7 C.  view the body of the body	John No.	(If in 8alti	more City, giv	e exoct locotion)  19 a th occurred an th
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.5. County of the same 

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
W. W.	2
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nis c now now as l scec	2
されるメウタ	1

FUNERAL DIRECTOR: IMPORTANT

5	260 70	6330 BALTIMORE	CITY HEALTH DEPARTMENT	سنم
BIRTH NO.	200 10	CERTIFIC	CATE OF DEATH REG. NO.	0.
I.NAME OF	DECEASED		2, DATE AND HOUR OF DE	70 6330
(Type or Print)	SAGER, EDNA			245
3. PLACE IN	BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived	If institutions exidence before the
		**	A. STATE B. COUNTY	
FULL NAME HOSPITAL OR	OF (IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	302 S. ANNA ST. BE	RT. MD 21213
INSTITUTION			C. CITY OR TOWN D.	INSIDE CITY LIMITS?
	- VIEW		BACTIMONS	YES NO
NURSIA	VG HOME		E. STREET AND NUMBER	21
5. SEX	6. RACE		302 S. Anna STREET	20.
F	CAU	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	10/24/92   lost birthdoy1	Months Doys Hours M
IOA. USUAL O	CCUPATION IGIVE kind of work	108 KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COU
Sale	t ol working tife, even if retired)		NEW YORK	
13. FATHER'S				4.S.A
	Aa	E	14. MOTHER'S MAIDEN NAME	
	14/4	LMED	UNKNOWN	
15. Was Decea (Yes, no or unkno	sed Ever in U. S. Armed Fore	s of service)   1 6. SOCIAL SECURITY NO.		CREST UK98856
NO		127-14-532		
18. //	10 011	CAUSE OF DE		APPROXIMATE INTERV
rise la UNDERLYI	ANTECEDENT CAUSES  OR CONDITIONS, if of the above cause (A) ING CONDITION last.	stating the (c)	AS A CONSEQUENCE OF:  Attroclem gen  Cushpern & Barleto	year year
A DISEASE OF	NIFICANT CONDITIONS CON ATH BUT NOT RELATED TO THE R CONDITION GIVEN IN PART	E TERMINAL	- John Samuel	yens
19A. DATE	OF OPERATION 198. CONT	ORMED		ERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTR	DENT WAS UNDERLYING DISUTING CAUSE OF Stify medical examines	21 B. PLACE OF INJURY (e. home, form, factory, street etc.)	g., in or obout 21C. WHERE DID (If in Ball), affice bidg., INJURY OCCUR?	timore City, give exoct location)
OF INJURY	(Month) (Doy) (Year)	(Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)		While At Work At W	Vhile T	
22, 1 ca-4	fy that (I) (this bester!)	attended the deceased fram		
	e) last saw the deceased		1 1	6/7/19/
		/	2/ 19/10 and that In (my) (aur)	apinian death accurred an the
and haur	and from the causes state	ed abave. (i) (We) (did) (did not	) view the bady after death.	
23A. 5IGNA	O C	1 10		23 B. DATE SIGNED
	CU /	la DEGREE	Attending Med. Staff Phys.	6/21/70
23C. PHYSIC NAME		D. OREC	23D. ADDRESS	
	ALLAN A.	MACHT MD	12 EREAD ON	Best all un
24A. BURIAL C	1 11.	24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION	(City town or constitution
REMOVAL	(Specify)			(City, town, or county) (Stote
DUKIAL SAUDIECE	COMMUNICATION OF THE	10 MONTE FIOI	RICEM. QUEENS	NEW YORK
JUNZ3	79/U Valeis E.	Valore Caristrak	25C. FUNERAL DIRECTOR	ADDRESS
			JOHN MEBER & SONS	LINC, 4015, CHESTEL
150-REV. 1/				

SAGAL, EONA

31 JUNE 1970 8 245 A.

302 S. AUNA ST. BALT. MD 21213

77

HARBOR VIEW NURSING HOME

F CAN

SAKESGIE

26/2/2

BALTIMORE

NEW YORK

302 S. Anna STREET

4.5.A

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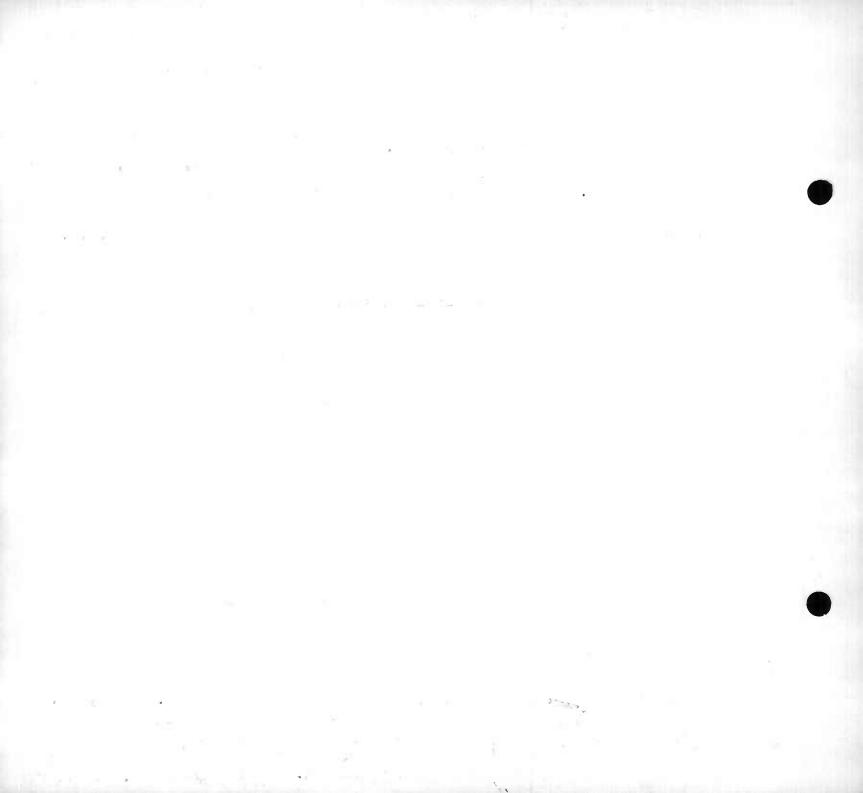
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arthorder gen yells

6/11 8/2 69 6/21 73

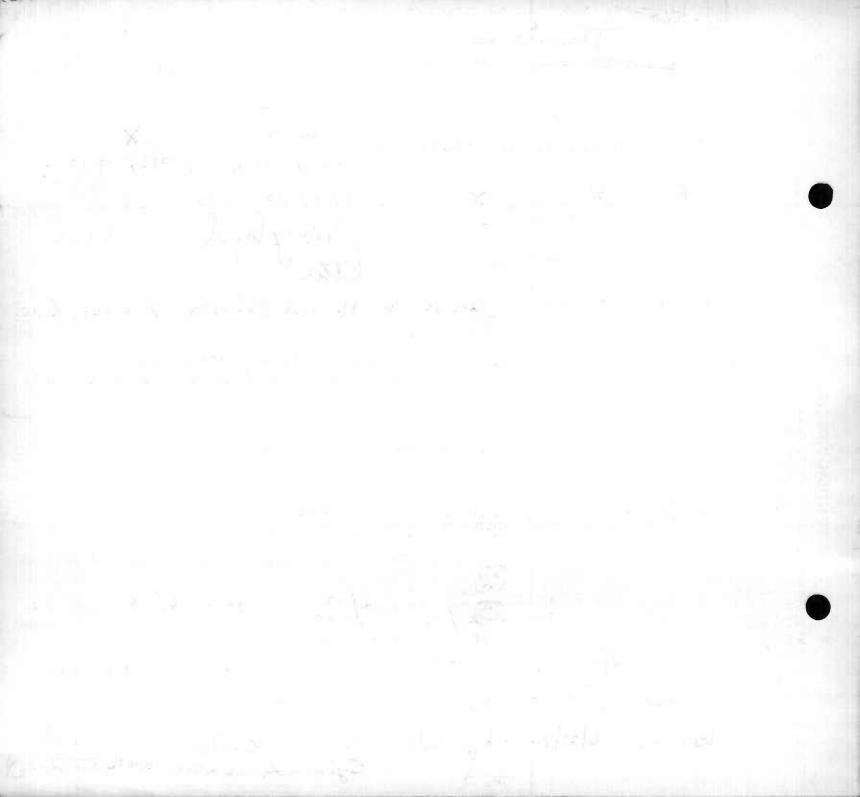
MACHT MD 2. EREAD SY ROX MD MON

BII	IRTH NO. 6331 CERTIFICA	ATE OF DEATH REG. NO. 70 6331
(Ту	NAME OF DECEASED  ype or Print SOBOTKA LOTTIE	June 20, 1970
FL	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET STATE OF ADDRESS OR LOCATION)	A. STATE B. COUNTY  Maryland
IN	South Balto General Hosp.	C. CITY OR TOWN  Baltimore E. STREET AND NUMBER  D. INSIDE CITY LIMITS?  YES X NO
-	43	1321 Andre Street, Balto, Maryland
	Female Cau. WIDOWED DIVORCED  A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	9-10-1893 The Months Boys Hours Min.
dor	the during most of working life, even if retired)	POLAND  11. BIRTHPLACE (Stote of Toteign country)  12. CITIZEN OF WHAT COUNTR  U. S. A.
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	DEC JOHN	UNKOWN
15. (Ye	. Was Dacoosed Ever in U. S. Armed Forces? es,no or unknown] (If yes, give war or dates of sorvice) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	NO 215-03-0663	RITA SOBOTKA 1321 ANDRE ST 21230
	injury or camplication which coused dooth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it ony, giving isse to the above cause (A) stoling the	USE CARDIO VA SCULAR ACE IDENT A CONSEQUENCE OF:  PLO SCLEROSIS S A CONSEQUENCE OF:
	UNDERLYING CONDITION lost. (C)	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
RTIFIC	19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL	OR CONTRIBUTING CAUSE OF homo, form, foctory, street, of	in or about 21 C. WHERE DID (If In Baltimore City, give exact location) ffice bidg., INJURY OCCUR?
MED	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED  OF INJURY (APPROX.) While At Not While At Work  At Work	21F. HOW DID INJURY OCCUR?
	22. I certify that (I) (this hospital) attended the deceased from State (I) (we) last saw the deceased alive on MARCH 30	
	and haur and fram the couses stated above. (1) (We) (did) (did not) v	
	JAMES B. Lo Zados Pegase Phys	anding Med. Shaff \( \sqrt{\omega} \) Oirector \( \sqrt{\omega} \) Phys. \( \sqrt{\omega} \)
	Lozada Richardo M.D.	1228 South Charles St. Balto, Md.
4A	DEGREE	MATORY 24D. LOCATION (City, town, or county) (Stole)
]	Burial 6/23/70 Holy Rosary Ce	mtert Baltimore, Maryland
25 A	IN 25 1970 Tabas & Jackey 162	2SC. FUNERAL DIRECTOR ADDRESS 401  John M. Weber & Sons Inc. S. Chester
5	150-REV. 1/1/68	TITO DE OTIO SIE



IMPORTANT DIRECTOR: FUNERAL hospital approved the 0

VS 150-REV. 1/1/68



IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

APPROXIMATE INTERVAL

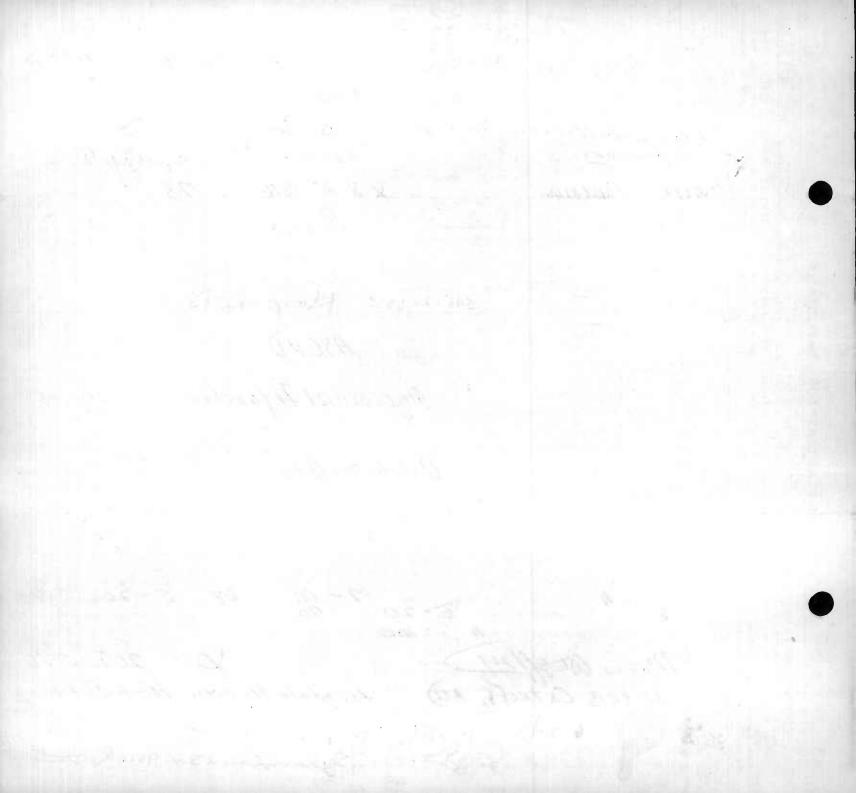
(Stote)

BETWEEN ONSET AND DEATH

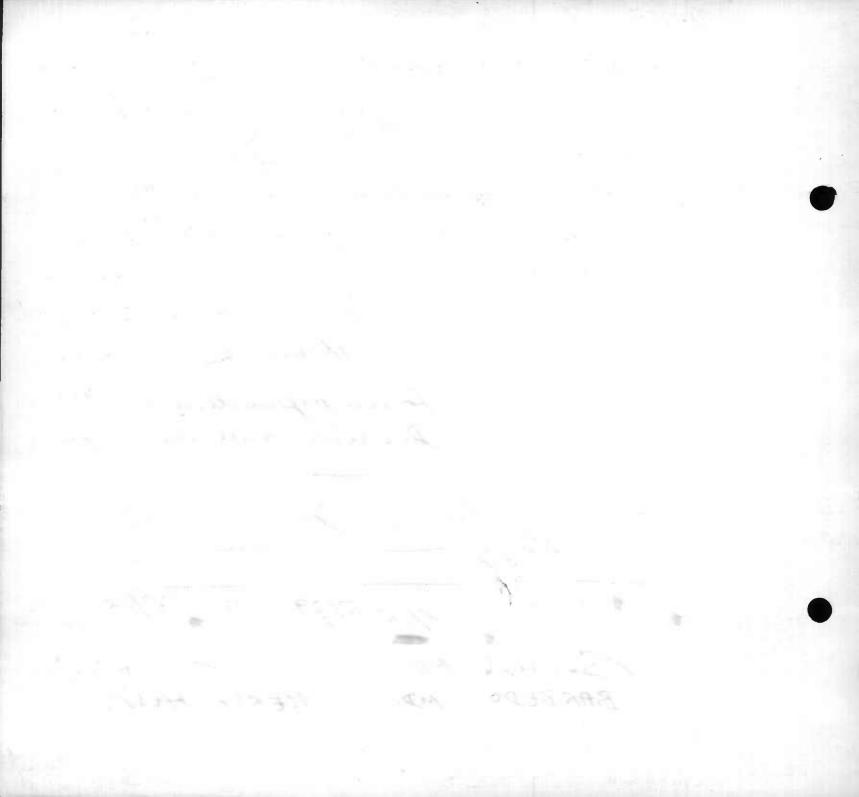
Days

ADDRESS

If Under 24 Hrs.



111-433	RECITY HEALTH DEPARTMENT
1. NAME OF DECEASED	FICATE OF DEATH REG. NO. 10 000 000 000 000 000 000 000 000 000
(Type a Print) LILLIE V MOLLA	1AN 6/16/70 6:45 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STR ADDRESS OR LOCATIONI INSTITUTION	
3 7 Mercy Hospital	C. CITY OR TOWN  D. INSIDE CITY LIMITS?  YES NO  E. STREET AND NUMBER
5. SEX   6. RACE   7. MADDIED   DIEVED MADDIE	Box 373
WIDOWED DIVORCE	CED OCT 2 1894 75 Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind al work 10B, KIND OF BUSINESS OR IN done during most of warking life, even if refired)	IDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTI
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
5. Was Deceased Ever in U. S. Armed Forces?	CATHERINE MILLER
Yes, no or unknown) (If yes, give wor of dates of service) SECURITY NO	in the second of the second
18. 50, 9 1 CAUSE O	F DEATH APPROXIMATE INTERVAL  BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1/20- 12
	IATE CAUSE  O, OR AS A CONSEQUENCE OF:
injury or camplication which caused death.)	of all le was
DISEASES OR CONDITIONS, if ony, giving	O, OR AS A CONSEQUENCE OF:
rise to the above cause (A) stoling the UNDERLYING CONDITION last.	Z'a befer mellion yos.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATIO WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF SMILLS	N 20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, fociory,	RY (e.g., in or about ATC. WHERE DID (II In Boltimore City, give exact location) sheet, office bidg. INJURY OCCUR?
21D-TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCUR! (APPROX.) While At	Not While
22. I certify that (this hospital) attended the deceased fro	
that (we) last sow the deceased clive on	6 19 70 and that in (my) ( opinion death occurred on the da
and hour ond from the couses stated above. (We) (did) (	
Sorbed M.D	Attending Med. Staff Phys. Director Phys.
BARBEDO, M.	23D. ADDRESS
AA. BURIAL CREMATION, 248, PATE 24C, NAME OF CEMETER	3
25A, DATE REC'D BY HEALTH DEPT.   25B, NAME OF REGISTRAR	CEMETERY DORSEY  25C/FUNERAL DIRECTOR  ADDRESS Laur
HIN 23 1970 Poloce E. Jacken M.D.	Na Production of the second



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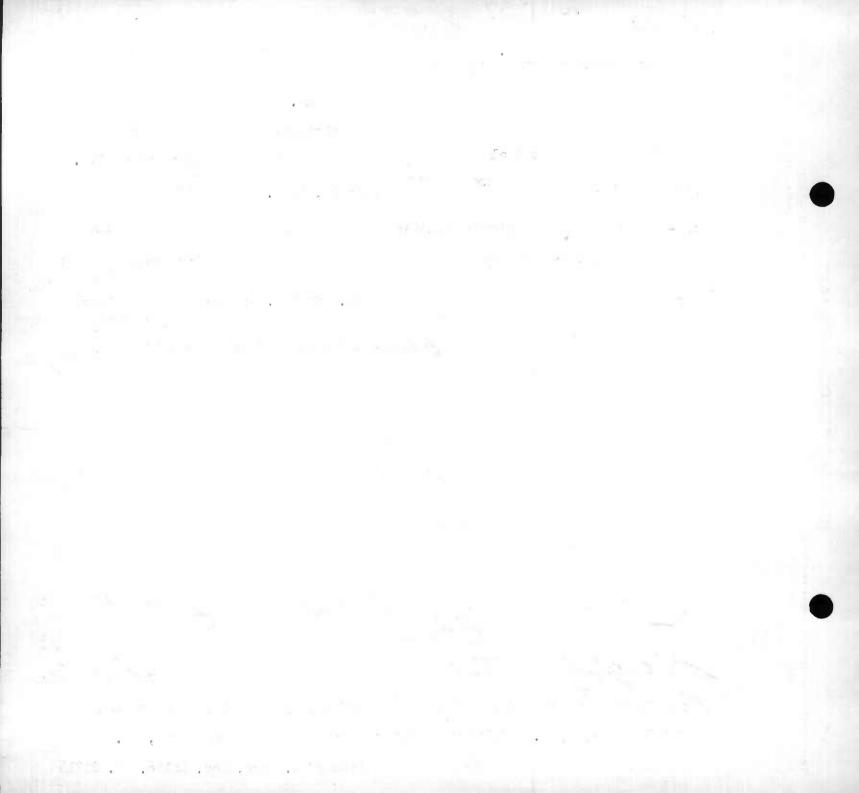
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1 2 22	1/		BALTIMORE CITY	HEALTH DEPARTMENT	. /	210
W - 32	4 70	6336	CERTIFICA	TE OF DEATH	REG. NO.	ZU 6336
BIRTH NO.	CFASED			2 DATE A	ND HOUR OF DEATH	
(Type or Print)		111 1	1/0-3-1	1/2	20-70	111340.
3 PLACE IN BAI	LTIMORE MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. If ins	litution; residence before admission)
S. ILAGE III DA	Ellinoid Marketallo, W	TIERE I RONO!	SHOLD DIAD	A. STATE B. COU	NTY	
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Maryland	Baltimore	5300
HOSPITAL OR	Baltimore Cit			C. CITY OR TOWN	D. INSIE	DE CITY LIMITS?
			rais			YES NO
	4940 Eastern			E. STREET AND NUMBER		
	Baltimore, Md	. 2122	4	3218 Shane Wa	y 21222	005
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
Male	White	WIDOWED	DIVORCED	2-23-15	10st birthdoy) 55	
		108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY
_	f working life, even if retired)	Tille of	ama Plant	Manual 2000		
FUTCHES 13. FATHER'S NA	sing Agent	Mest	ern Elect.	Maryland 14. MOTHER'S MAIDEN NA	1 A A E	U.S.A.
13. PAINER 3 NA						
	Otto Wetz	el		Eva Mae	Carrick	
5. Was Deceased	d Ever in U. S. Anned For	cos?	1 6. SOCIAL	17. INFORMANT	4940 Eastern	ADDRESS
Yes	WW 2		216-01-9434	BCH Records:		
100	0.0		CAUSE OF DEATI		Baltimore, Mo	approximate Interval
4	0,9		and a firm			BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY	POM	20015 MI	1000	
(This does	nat mean the made at	dying, e.g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF:	CITICULAC	
heart failure,	, asthenia, etc. It means	the disease,		NFAR (TION	)	
	mplication which coused		1 7	101000 C) 10 K		
1 1 1 1 V	ANTECEDENT CAUSES		(B) # 50	U-V		
	OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:		
	ne obove cause (A)	stoting the	(c)			
			(C)			
Z OTHER SIGNI	II IFICANT CONDITIONS CO	NITHIBILITING				
TO THE DEA	TH BUT NOT RELATED TO T	HE TERMINAL				
	F OPERATION 198 CON		WHICH OPERATION	20 A. AUTOPSY? (Yes or h	o) 208. IF YES. WERE F	INDINGS CONSIDERED
19A. DATE O	WAS PER			VES	IN CERTIFYING CAU	ISES OF DEATH?
U 21A, ACCIDE	ENT WAS UNDERLYING	7 218	PLACE OF INTERVIOR	or obout 21 C. WHERE DID	YES (If In Rollimoso	City, give exoct location)
OR CONTRIB	UTING CAUSE OF	hom	e, form, foctory, street, of	fice bldg., INJURY OCCUR?	(II IN BOILINGIE	City, give exoct locotion;
U	y medicol exominer	etc.				
OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		Whi	le At Not While			
00 1 14	. (1) (1)				19 70to	1 00
	y that (I) (this haspital		ne deceosed from			6-20-1970
that (I) (we	) last saw the decease	ed alive an	9-20	- 19 70 and t	hot in (my) (our) opin	ion deoth occurred on the date
and hour on	nd from the causes sta	red above. (I	) (We) (dld) (did not) v	iew the bady ofter death		
ZSA. SIGNAT	URE <		1			23B. DATE SIGNED
12	1100 111	ABu a	1. MARYO	nding Med.	Staff X	6/70/20
23C. PHYSICI	MICKIN	FINE	M REREE NY	23D. ADDRESS D. B	Phys	0,00
NAME	Dype)	1P		23D. ADDRESS Baltimo	re City Hospi	Ltals /
	ruce 1	PU	COEROLD	1940 Eastern	Aye. Baltin	nore, Md.21224
24A. BURIAL CRI REMOVAL	EMATION, 24B. DATE	24C. N	AME of CEMETERY OF CRI	MATORY 240.	LOCATION (Cit	y, town, or county) (Stote)
Burial	6/24/7	O. Pro	ovidence Meth.	Cemeterv	Kemptown,	Md .
25A. DATE REC'E	D BY HEALTH DEPT.		F REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
N 2 3 1075	00007	Ben M. D.				1to. Md. 21214
IT NO 19/1	। । । । । । । । । । । । । । । । । । ।	DOM . HO!		2501,020	THO DE	-2008 -1408 62626
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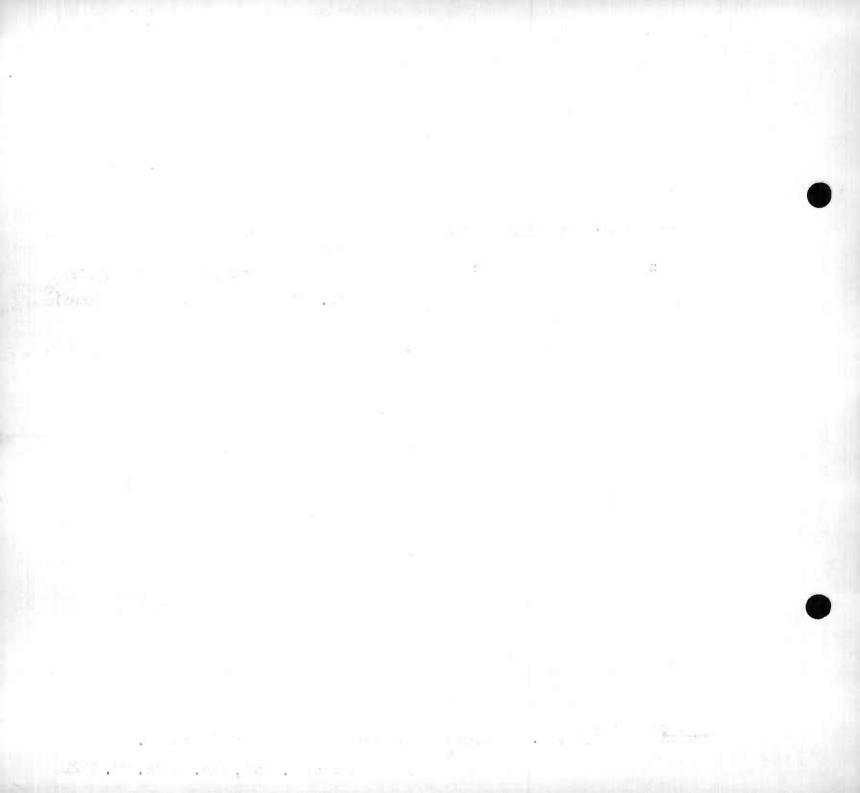
of M. Bucher M.

FUNERAL DIRECTOR: IMPORTANT

H-1/1/	1	6337	BALTIMORE CITY	HEALTH DEPARTMENT		70	6337
BIRTH NO.		000	CERTIFICA	TE OF DEATH	REG. NO		0307
	SOSOSOSOSOSOS	COOK HIC	LLOWAU	2. DATE AN	D HOUR OF DEATH	6/20	170
3. PLACE IN BALT	IMORE MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (When	e deceosed lived, Il in:	stitution: residence	e before admiss
FULL NAME OF HOSPITAL OR INSTITUTION	OF NOT IN HOSPIT	AL OR INSTITUTIO	ON, GIVE STREET	Md.		2	73
NSTITUTION"	ADDRESS OR LOCA	(IION)		C. CITY OR TOWN	D. INSII	DE CITY LIMITS?	
5/ no				Baltimore		YES 🔀	NO 🗌
- SEX		ospit <b>al</b>			4604 Loch	Raven Bl	vd.
Male	White	WIDOWED	NEVER MARRIED DIVORCED	June 24, 1912.	9. AGE (In years last birthdoy) 57	II Under 1 Yr. Manths Days	If Under 24 H Haurs Min
one during most of we Self-Emp	orking (ile, even it telled)		Siness or industry  Machines	11. BIRTHPLACE (State or love) Maryland	gn country)	12. CITIZEN O	WHAT COUN
3. FATHER'S NAM	Arthur I	vewoffor	,	14. MOTHER'S MAIDEN NAM	Floren	100	?
5. Was Deceased 1	ver in U. S. Armed Ford		COCIAL	197	T TOT 911		
Yes, na or unknawn) (No	If yes, give war or dote:	s of service)	SOCIAL SECURITY NO.	Mrs. Agnes E. I	Holloway	(Sa	me)
heart failure, a injury at compl At DISEASES OR rise to the UNDERLYING	I mean the mode of sthenia, etc. II means lication which caused NTECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last,  II ANT CONDITIONS CONBUT NOT RELATED TO TH	the disease, death.)  Iny, giving slaling the		A CONSEQUENCE OF:  A CONSEQUENCE OF:	<u>e</u>	4	Llary
19A-DATE OF O	NOITION GIVEN IN PART PPERATION 198, CONE WAS PERF	TI (A). DITION FOR WHICH	CH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONS SES OF DEATH:	IDERED
21A. ACCIDENT OR CONTRIBUTE DEATH (notify m	WAS UNDERLYING   ING   CAUSE OF nedical examines)	21B. PLA home, id etc.)	CE OF INJURY (e.g., in orm, loctory, street, of	or about 21C. WHERE DID	(if In Baltimore	City, give exact	locotian)
21D.TIME (I OF INJURY (APPROX.)	Month) (Day) (Year)	(Hour) 215 fNJ While A	URY OCCURRED  Nat While At Work	21f. HOW DID INJU	RY OCCUR?		
22. I certify th	nat (1) (this hospital)			Inne 12 1	70 00 Car	ne 21	2 10 76
that ( (we) la	st saw the deceased	alive on	me 26	19 70 and tha	fn(my) (our) apini	an death occ	vrred an the d
and hour and f	ram the causes state	ed abave. (1) (W	e) (did) (did not) vi	ew the bady after death.			
I -	e un n					23 B. DATE SIGN	ED
23A. SIGNATURE	All Mis	enile	DEGREE Phys.	ding Med. S	hys.	6/2	1/7-
Role	will floor						
23A. SIGNATURE 23C. PHYSICIAN NAME (Type	ST	,	MA	3D. ADDRESS			
23C. PHYSICIAN NAME (Type	ATV. No	SENST	EEL DEGREE	MERCY	Hospi	TAG	
Role	ATV. No		(20)	MATORY 24D. LO	CATION (City, Baltimor	tawn, or county	(State)



12 121	BALTIMORE CITY	Y HEALTH DEPARTMENT	70 6338
BIRTH NO. 70	6338 CERTIFICA	TE OF DEATH REG. NO.	/0 6338
1. NAME OF DECEASED (Type or Print)	2011000000	2. DATE AND HOUR OF DEATH	
FRANK J.	BALLADARSC		2:55 Pm
3. PLACE IN BALTIMORE, MARYLAND, WHER	E PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institu	tion: residence belare admission)
FULL NAME OF (IF NOT IN HOSPITAL	OR INSTITUTION. GIVE STREET	MO	クロニク
HOSPITAL OR ADDRESS OR LOCATIO	OR INSTITUTION, GIVE STREET	C CITY OF TOWN	CITY LIMITS?
0.1 . 0 11011 - 6	11-00 11	12/17/14 On -	
CHURCH HOME &	HOSPITAL	E. STREET AND NUMBER	is 🗓 NO 🗌
3.5		2917 GLENDALE	AVE
5. SEX 6. RACE 7. A	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years in M	Under 1 Yr. if Under 24 Hrs. anths Doys Haurs Min.
	DIVORCED DIVORCED	4-17-03	dnins Doys Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B.	KIND OF BUSINESS OR INDUSTRY		2. CITIZEN OF WHAT COUNTRY
pocosoaxionorexp Re ti		MARYLAND	U.S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
FRANK BALLADA	1 R SOH	MARY booledoodedoo	& Hersic
15. Was Deceased Ever in U.S. Armed Farces? (Yes, no or unknawn) (II yes, give war or dotes al	1 6, SOCIAL	17. INFORMANT	ADDRESS
No		Mrs. Eileen Balladarsch	(Same)
18. / 6 9 0 1	212-01-4264	CHILLE S	
101.9	CAUSE OF DEAT	H	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	LY	Di	
	(A) IMMEDIATE CAU		SEV. MO
(This does not meon the mode of dyin heart failure, osthenia, etc. It means the	disease.	A CONSEQUENCE OF:	
injury or camplication which caused deal	th.)		
ANTECEDENT CAUSES			1
DISEASES OR CONDITIONS, if ony,	giving DUE TO, OR AS	A CONSEQUENCE OF:	******
rise to the above cause (A) stati	ing the	A GOTTOLIGE OF	
UNDERLYING CONDITION last.	(c)		
	Pulmona	LY Emphysemallwith	
OTHER SIGNIFICANT CONDITIONS CONTRIE	BUTING	11: 1000 - 11:11	7 c da. "
TO THE DEATH BUT NOT RELATED TO THE TEL	RMINAL VIVOUC	Acu. resp. in sufficience	y -0 cays
119A. DATE OF OPERATION 1198 CONDITIO	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208, IF YES WERE FIND	INGL CONSIDERED
6-12-70 WAS PERFORM	Int. obstruction	20A. AUTOPSY? (Yes or No.) 20B. IF YES WERE FIND	OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g., in		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	home, larm, loctary, street, olf	ice bidg., INJURY OCCUR?	y, give exact lacation)
21D.TIME (Manth) (Doy) (Year) (Ha		21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Not While		
22 1 1111 1 1/411 1 1 1	1		
22. I certify that (this hospital) att	ended the deceosed from	5-28 1970 10 6	-18 19 10
that My (we) lost saw the deceased ali	ve on 6-18	19 20 and that in (ay) (aur) apinion	death occurred on the date
and have and from the causes stated o	bove. (1) (Web (did) (did har) vi	ew the hady after death	
23A. SIGNATURE	1		DAYE SIGNED
AADAA (	/ // D Atten	to an a	DATE SIGNED
Madarary			6-19-70
ANAME (Type)	$(MO^2)$	3D. ADDRESS	1:
ALFONSO AL MM	DARANG ID	CHURCH HOME ?	1+125 D
4A. BURIAL CREMATION, 248. DATE	24C. NAME OF CEMETERY OF CREA		
AL BURIAL CREMATION, 248. DATE REMOVEL CONSTITUTION 6/22/70.		tony, la	wn, ar county)/ (State)
0/22/10.	Greenmount Crem		•
SA. DATE REC'D BY HEALTH PETO 6 28.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
JULY 59 12/0 /100-06/12 12 1	of a section of the s	Leonard J. Puck, Inc. Balto	. Md. 21214
'S 150-REV, 1/1/68			



death

IMPORTANT

DIRECTOR:

FUNERAL

approved

VS 150-REV. 1/1/68

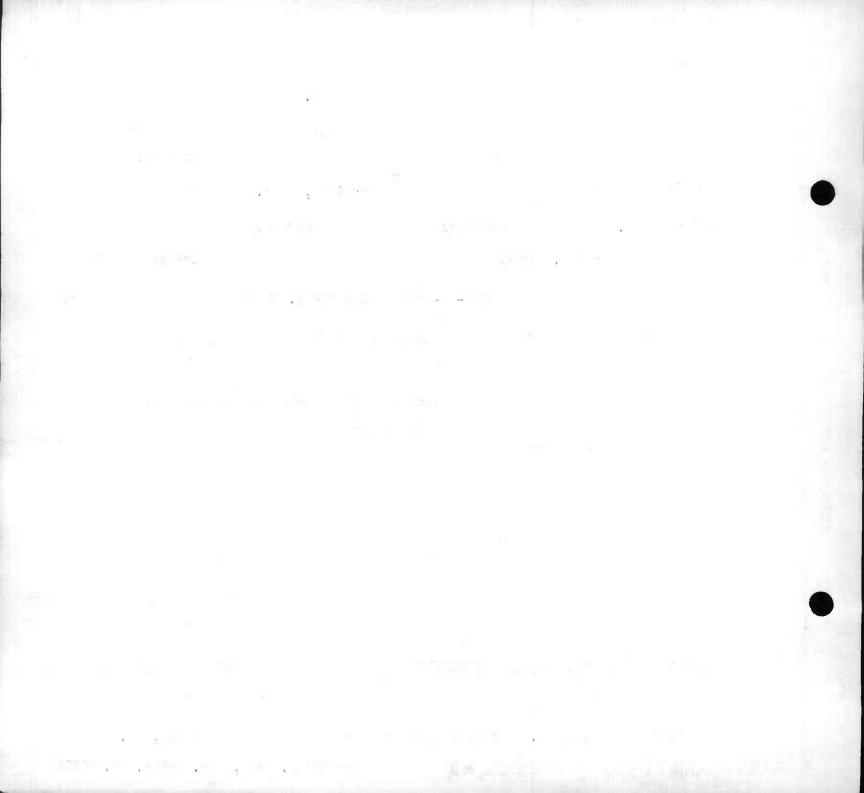
BALTIMORE CITY	HEALTH DEPARTMENT
CERTIFICA	TE OF DEATH REG. No. 70 6339
	2. DATE AND HOUR OF DEATH
	SUNE 20,1970 11:37 Am.
DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY
GIVE STREET	MO - 2734
1	C. CITY OR TOWN D. INSIDE CITY LIMITS?
PIAL	BALTIMORE 6 YES NO
	E. STREET AND NUMBER
	3717-FRANKFORD AVENUE
VER MARRIED	8. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr., If Under 24 Hrs.   Manths! Days   Hours   Min.
DIVORCED _	1-15-1895 75
ESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
PANY	HARYLAIND ZIS.A
, 5	14. MOTHER'S MAIDEN NAME
	EXECUTE Dorothy Makinson
CIAL	17. INFORMANT e daughter) ADDRESS
CURITY NO.	e croced when
OL 7362 CAUSE OF DEATH	
AUST OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	7 1
(A) IMMEDIATE CAU	se 7 months
DUE IU, OR AS A	CONSEQUENCE OF:
(B) LUNG C	CANCER W/ METASTASES A CONSEQUENCE OF:
DUE TO, OR AS	A CONSEQUENCE OF:
(c) 7	THE LIVER
(0/	***************************************
************************	
OPERATION	[20A_AUTOPSY2 (Yes or No.)] 208 IF YES WERE EINDINGS CONSIDERED
	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OF INJURY (e.g., in	
factory, street, affi	ar obout 21 C. WHERE DID (If In Baltimore City, give exact location) ce bidg., INJURY OCCUR?
OCCURRED	21F. HOW DID INJURY OCCUR?
Not While	
ased from	JUNE 3 1970 to JUNE 20 1970
	2019 70 and that in (my) (our) opinion death accurred on the date
(did) (did not) vi	ew the body after death.
	23B DATE SIGNED
Atten	ding Med. Staff M
DEGREE Phys.	D. ADDRESS
-	
DEGREE	Union Memorial Hospital
CEMETERY of CREA	MATORY 24D. LOCATION (City, town, or county) (State)
l Cemetery	Baltimore, Maryland
TOWN O	1 per critics of Light's return

LENER . B. . o. Fell . . o. seed . A seement

1	217	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRT	)-223 70 6340	CERTIFICA	TE OF DEATH	REG. NO	70 6340
	ame of Deceased or Print Dagos taro , Dome	znic a	2. DATE ANI	121170	424 AM
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where A. STATE B. COUNT		itution: residence before admission)
HO	L NAME OF (IF NOT IN HOSPITAL OR IN SPITAL OR ADDRESS OR LOCATION) TITUTION	STITUTION, GIVE STREET	Maryland C. CITY OR TOWN	D. INSID	E CITY LIMITS?
	The Good Samaritan	Inspital	Baltimore E. STREET AND NUMBER		YES NO NO
3	15	, 6.97	1217 N C	alvert St.	21202
5. \$	Male 6. RACE White WIDOW	NED NEVER MARRIED DIVORCED	11/2/90	ast birthday)	if Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KINI during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	0 511		12. CITIZEN OF WHAT COUNTRY?
(	ardener		*plantedo: tapopa	Sicily	Italy
13.	TATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
2	Sebastian Dagostaro		Rosa Trub	e9	
5. \	Vos Deceosed Ever in U. S. Armed Forces? ,no or unknown) (If yes, give wor or dates of servi	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1163	No	213-14-5929	Mrs. Grace Re	hbein, Senec	a Rd. 21220
	18. / / / / /	CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		A	.,	SETWEEN ONSET AND SEATH
	LEADING TO DEATH	(A)IMMEDIATE CAL	ISE Carcinoma &	Hypophan	my
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	0,10	
	injury ar camplication which coused death.)	430,			
	ANTECEDENT CAUSES	(n)			
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the above cause (A) stating UNDERLYING CONDITION last.	the			
	UNDERLING CONDITION last.	(c)			
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
ATIO	TO THE DEATH BUT NOT RELATED TO THE TERMIN			***********	
	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FILL	NDINGS CONSIDERED
CERTIFIC	WAS PERFORMED			IN CERHFIING CAU	SES OF DEMINE
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	21B. PLACE OF INJURY (e.g., i home, farm, foctory, street, o etc.)	in ar obaut 21C. WHERE DID INJURY OCCUR?	(If In Boltimore	City, give exact location)
MEDIC	21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
M	OF INJURY (A PPROX.)	While At D Not While Work At Work			
			11:00	9 70 ta	6/21 1970.
	22. I certify that (I) (this hospital) ottend	1/21			
	that (I) (we) last saw the deceased alive			of in (my) (our) opini	ion death occurred on the dote
	ond hour ond from the causes stated above	e. (1) (We) (did) (did not)	view the bady ofter deoth.		
	23A. SIGNATURE	A	Mad 🕾		23B. DATE SIGNED
	G. Wichael Vince	ent, M. O, DEGREE Phy		Staff Phys.	6/21/70
	23C. PHYSICIAN'S NAME (Type)	.10	23D. ADDRESS	1 1 /	0 14 4/1 21212
	G. Michael Vincent	M. Q.	5601 Loch Kar.	en Boulevand	, Dell. Mx 21012
244		C. NAME of CEMETERY OF CR	EMATORY 24D. LC	OCATION (City	, town, or county) (Stote)
	Burial 6/23/70. H	Holy Redeemer Ce	metery	Baltimore	. Md.
		ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
25A	. DATE REC'D BY HEALTH DEPT. 258. NA	IVIL OF REDISTRAR			
25A	HIN 23 WWW PLACE OF JA	Q 200			to. Md. 21214

Wilder whose reasons in the last of the STEEL STREET STREET STREET STREET STREET STREET The first term of the first te Sumple of \$23,70, and the language delication of the sumple of the sumpl

R-370	70	6341		HEALTH DEPARTMENT	X REG. NO.	70 634	41
I. NAME OF DEC	CEASED		CERTIFICA	TE OF DEATH			
Florence	MARIE	RH	ODES		DIA JIJ	0 1/6%	39 A.
S. PLACE IN BAI	LTIMORE, MARYLAND, V			4. USUAL RESIDENCE IWhe	re déceased lived. If	institution; residence b	efore odmission
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Md. Balto, 5300			
INSTITUTION			,	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS? YES 3 N	•□
37	MERCY	1 4	osnital	Baltimore YES 2 NO			
S. SEX	6. RACE	7- MARRIED	NEVER MARRIED 18	8. DATE OF BIRTH	9. AGE (In years	1 44 14 4 2 9	If Under 24 Hrs
Female	White	WIDOWED	DIVORCED	April 18, 1895.	last birthdoy) 75	Months Doys H	ours Min.
OA. USUAL OCC	UPATION (Give kind of work working life, even if retired)	108 KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lore	gn country)	12. CITIZEN OF W	HAT COUNTRY
Retired S	upt.	Ins	urance	Maryland	1	USA	4 3
3. FATHER'S NA				14. MOTHER'S MAIDEN NA			
	John L.				Flore	nce Gambril	1
Yes, no or unknown	Ever in U. S. Armed For	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No			212-07-0615A	Miss Ivy M. Rho	des	(Sar	ne)
18. 4 1	0.91		CAUSE OF DEATH	1			MATE INTERVAL
DISEAS	SE OR CONDITION DI	RECTLY	Her	te Muse	-P: 16-1	BETWEEN O	NSET AND DEATH
(This does n	not mean the mode of	dying, e.g.,	(A)IMMEDIATE CAU		and Joy	dr.	umade
heart failure.	aslhenia, etc. Il meons	the disease.	DUE 10, OR AS	A CONSEQUENCE OF:			
	ANTECEDENT CAUSES	00011.7	0	1-11	1-20	5	17
	OR CONDITIONS, if	ony, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	1 Packer	re 2 a	aye
rise lo lhe	a above cause (A)	sloling the		.V. D.		3/	6
UNDERLTING	G CONDITION last,		(c)	V. \(\sigma\)			Lyns
OTHER SIGNIF	IL ICANT CONDITIONS CO	NTRIBUTING					
CE TIMES FASE OF CO	H BUT NOT RELATED TO THE ONDITION GIVEN IN PAR	T 1 (A).	***************************************				
19A. DATE OF	OPERATION 198. CON WAS PERF	DITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	208. IF YES, WERE	FINDINGS CONSIDER	RED
21A. ACCIDEN	NT WAS UNDERLYING	218.	PLACE OF INJUSY IS.D. In	or obout 21 C. WHERE DID	Yen		
DEATH (notify	medical examiner	hometcal	e, form, foctory, street, of	ice bidg. INJURY OCCUR?	ht su potitimo	re City, give exect loco	tion;
OF INJURY	(Month) (Doy) (Year)	IHaud 21 E	INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?		
(APPROX.)		Whi	le At Not While				
22. I certify	that (1) (this hospital				97 8 to In	me 21	19 70
	lost saw the decease					Inlan doorh occurre	
				ew the body ofter deoth.	titlings (doing op)	mon death occure	d on the date
23A. SIGNATU	RE 1	1		on the body offer deoffic		238, DATE SIGNED	
1/2	Max XV	Leen	and the state of t	nding Med.	Staff Phys.	6/211	170
PHYSICIA NAME IT	N'S	Lange	DEGREE	3D. ADDRESS	rnys.	17/	10
MANUE III)	yper /			Me	rcy Hospita	al	
AA BURIAL CREA	MATION, 248. DATE	24C.NA	ME of CEMETERY of CRE			ity, town, or county)	(Stote)
Burial			raine Park Cer		Baltimor		
	BY HEALTH DEPT.	258, NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR		ADDRE	SS
JIIN 25	3 1970 Robert	E Jab		Leonard J. Ru	ck, Inc. Ba		
S 150-REV. 1/1/6							



This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased provided must be obtained before the remains are embalmed or final disposition is made.	chief medical examples of the physician when the physician when the physician when the physician was in respectively.	approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the hospital hysician was in regular attendance on the change of the decased prior to death. Such
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W-63	0 70	6342		HEALTH DEPARTME		70 6342
BIRTH NO.	ASED		CERTIFICA			
	JARD.	HAR	RY S.	2. D	ATE AND HOUR OF DEATH	6.200
3. PLACE IN BAL	IMORE MARYLA	ND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENC	E (Where deceased lived, II i	institution: residence before admission
FULL NAME OF HOSPITAL OR NSTITUTION	ADDRESS OF	HOSPITAL OR INSTIT R LOCATION) lent Hospi	TUTION, GIVE STREET	Maryland c. City Or TOWN	D. INS	SIDE CITY LIMITS?
39	1514 I	ivison St		Baltimore E. STREET AND NUM	ABER Nursing Home	YES E NO
. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
Male	White	WIDOWED	= =	1-24-92K 9	3 lasy Grihday 75c	Manths Days Haurs Min.
OA. USUAL OCCU	PATION (Give kind	of work 108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	ar fareign country)	12. CITIZEN OF WHAT COUNTRY
Jone during most of v	REt.	Balto. Tr	ansit Co.	Marylan		U.S. A.
	Unl	mown			Unknow	vn.
5. Was Deceased (es, no or unknown)	Ever in U. S. Ann (If yes, give war	ed Farces? ar dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
No			213-05-9123	Mrs. Marc	aret Ward-Wif	e 1729 Hilyard Rd
(This does no heart failure, of injury or complete to the UNDERLYING  OTHER SIGNIFIT TO THE DEATH DISEASE OR CO. 19A. DATE OF	psihenia, etc. II i dication which control of the c	de of dying, e.g., meons the disease, caused death.) AUSES , if ony, giving (A) stoling the st.  IS CONTRIBUTING D TO THE TERMINAL IN PART 1 (A). S PERFORMED	(B) DUE TO, OR AS  (C)  Servere  WHICH OPERATION	Liman A CONSEQUENCE OF  attrio	Scherosis  or Noil 208. IF YES, WERE in CERTIFYING CA	ficamia 2 days
DEATH (notify	T WAS UNDERLY ING CAUSE O medical examines	elc.		ice bldg., INJURY OCC	U R?	re City, give exact lacation)
OF INJURY (APPROX.)	(Manth) (Day)	Wh Wa			ID INJURY OCCUR?	/
that (I) (we)	ast saw the de	ceosed alive on	he deceased from			nion deoth occurred on the date
23A. SIGNATUR			( )	ow the body offer d	eoiii.	23 B. DATE SIGNED
23 C. PHYSI CIAN	M - J	- She.	DEGREE Phys	Med. Director	Staff Phys.	June 19, 1970
NAME (Ty	N. JAVA	AID SI+	AF1 DEGREE	17. JA	ospitel	
REMOVAL (S Burial	ecity)		ame of CEMETERY of CRE reland Memoria		Baltimore	ity, tawn, ar county) (State)
JUN 23 19		E Rabay 8	F REGISTRAR	Leonard J		Alto. Md. 21214

1803 Davison Blod. In Nursing Rome Gyra.

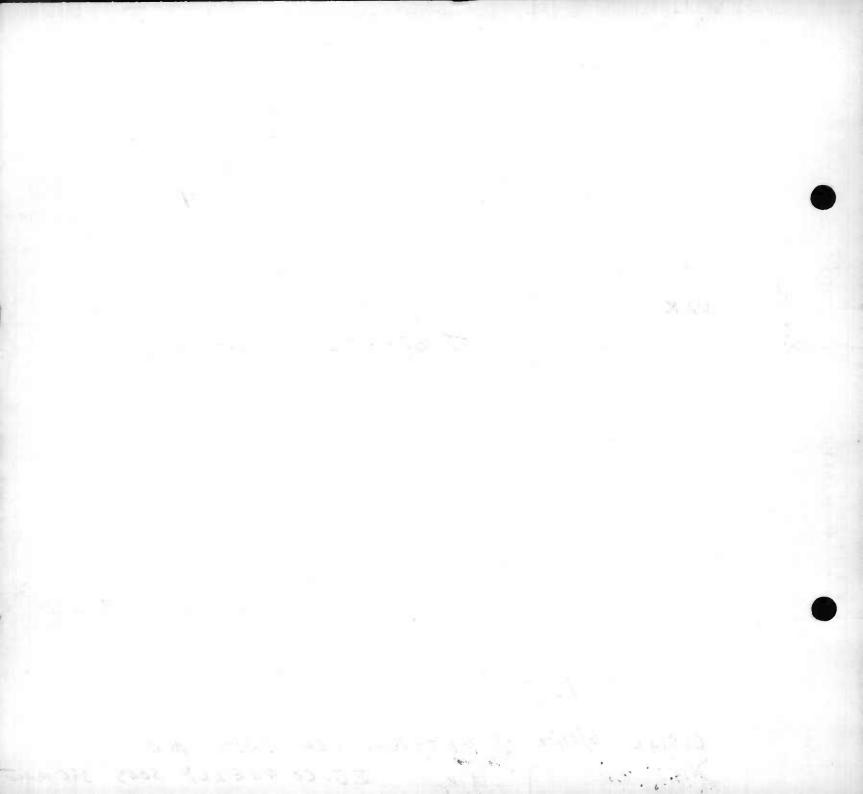
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8-560 70 6344 BALTIMORE C	CITY HEALTH DEPARTMENT 70 6344
BIRTH NO.  I. NAME OF DECEASED	CATE OF DEATH REG. NO.
(Type or Print) RIDHER HARRY R	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission and the state of the sta
44	A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND 1203
INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Carina Landon Service	BALTIMORE YES YOU
INION MEMORIAL HOSPITAL	E. STREET AND NUMBER
5. SEX   6. RACE   7	346 ILCHESTER AVENUE
S. SEX  6. RACE  WHITE  WIDOWED  DIVORCED	Monthsi Dove   Hours   Min.
10A. USUAL OCCUPATION (Give kind of work 108 KIND OF BUSINESS OF INDUST	
come coving mast of working the, even it letted)	
RETIRED  3. FATHER'S NAME	MARYLAND U.S.A.
	14. MOTHER'S MAIDEN NAME
UNKNOWN	UNKNOWN
5. Was Deceased Ever in U. S. Armed Forces? Yes, na or unknown) (If yes, give war ar dates of service) SECURITY NO.	17. INFORMANT ADDRESS
VNK	Tuber
18. CAUSE OF DEA	
CAUSE OF DEA	ATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEA:
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	RCULOUS PUBUMONIA
LIRIS GOES not mean the mode of dving an	
heart tailute, astheria, etc. Il means the disease.	AS A CONSEQUENCE OF:
injury ar camplication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR	AS A CONSEQUENCE OF:
LINDED VING CONDITION I	
CKDEALTHOS CONDITION (dst. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
CITO THE DEATH RIT NOT RELATED TO THE TERMINAL	
	20A-AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED
19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B PLACE OF INTURY (8.0	in a chart 21 C WUSES DID
Thome, lom, lociory, street	affice bldg, INJURY OCCUR? (If In Boltimare City, give exact lacation)
DEATH (notify medical examined)	
21D. TIME (Month) (Day) (Yeorl (Haur) 21E INJURY OCCURRED While At Co.	21F. HOW DID INJURY OCCUR?
(APPROX.) While At At Work At Work	hile
22. I certify that (I) (this hospital) attended the deceased from	
	1. All A
that (I) (we) last saw the deceased alive on TUNE 171	
and hour and from the causes stated above. (1) (We) (did) (did not)	view the bady after death.
23A. SIGNATURE	238, DATE SIGNED
/	Hending Med. TO Staff T 17 17 107
23C. PHYSICIAN'S	23D. ADDRESS
NAME (Type) JUAN CABRERA M.D.	
DECEM	114414
	E TOSPITAL
AA BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY of CI	E TOSPITAL
REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY of CI	REMATORY 240. LOCATION (City, town, or county) (State)
REMOVAL (Specify)  BURIAL  ST. MATTHE	REMATORY 24D. LOCATION (City, town, or county) (State)  EWS CEM BALTO. M.D.
REMOVAL (Specify)  BURIAL  GIPPO  ST. MATTHE  A. DATE REC'D' BY HEALTH DEPT. 2558 NAME OF CEMETERY OF CI	REMATORY  24D. LOCATION (City. town, or county) (State)  EWS CEM BALTO M.  25C. FUNERAL DIRECTOR ADDRESS
REMOVAL (Specify)  BURIAL (Specify)  BURIAL (Specify)  BURIAL (Specify)  BURIAL (Specify)  BURIAL (Specify)  City (19/70)  ST. MATTHE	REMATORY 24D. LOCATION (City, town, or county) (State)  EWS CEM BALTO. M.D.

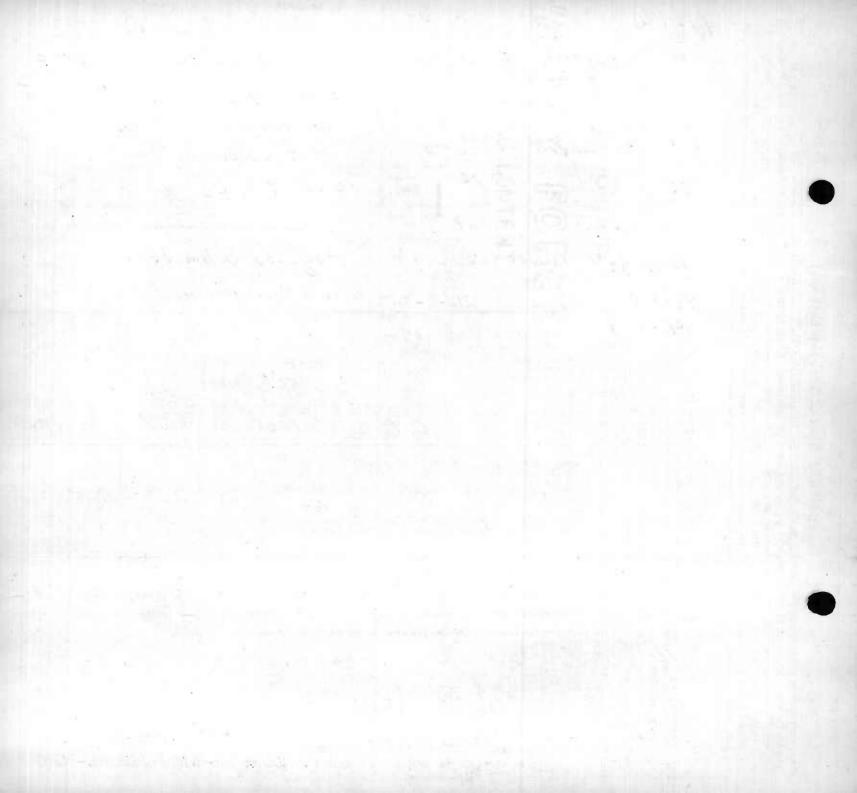


IMPORTANT

DIRECTOR:

FUNERAL

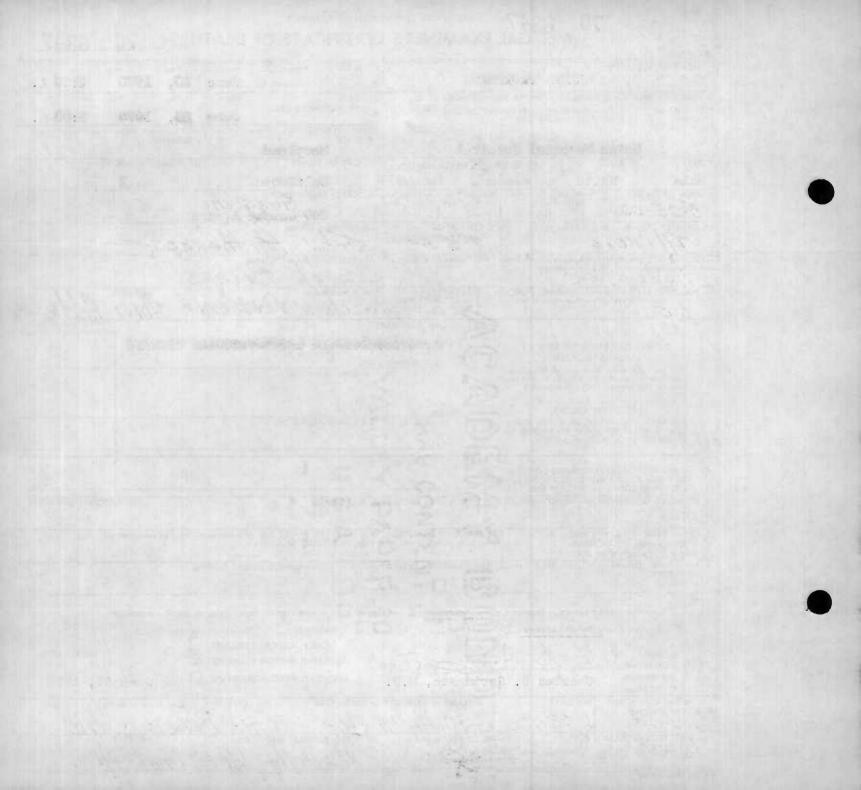
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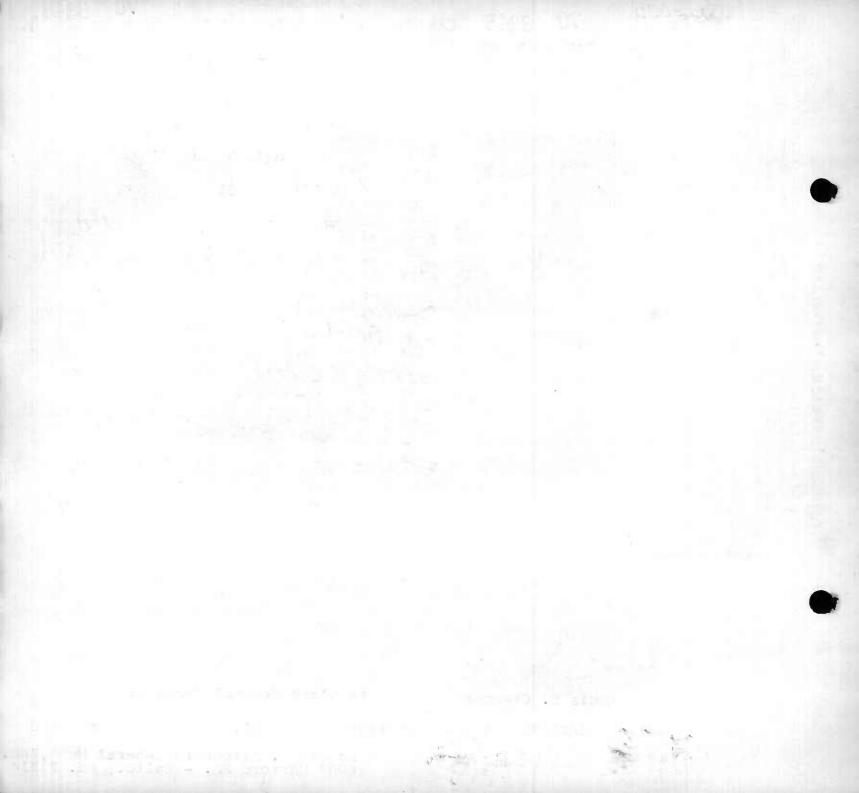
4-53.	6 .10	WED.		l F	BALTIMORE CITY HE XAMINER'S			DEAT	Ц			
BIRTH NO.					MAMINER 3	SEKTIFI	CATE OF	DEAT	REG. NO	70	COAC	,
I. NAME OF DECEASED FREDOLPH ANTON				2. DATE OF	Known 🗌	Month	Doy	Yeor	Hour			
	DUALRA	KXX			ANDERSON	DEATH	Estimoted 🗆					м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)					UNCED DEAD		19,197		5:42	P <sub>M</sub>		
Bon Sec	cours H	oeni ta	1		(DOA)	II A CTATE	ESIDENCE (Wher	e deceased liv	ed. If institution	n: residence	belore admiss	ian)
6. SEX	7. RACE	ospica.		DIED [		C. CITY OR	Maryland		D. INSIDE C	TTV LIMITS	600	7
Male	White		B. MARRIED NEVER MARRIED NIVORCED			Balti				res 🖾		
9. DATE OF BIRT	н	IO. AGE (In	years		nder I Yr. If Under 24 Hrs. ths Doys Hours Min.		AND NUMBER		1	ES E	ио Ц	
March 22		10. AGE (In last birthdon 68	<b>XX</b>	I VIONI	ms boys mous min.		Boyd St.					
II. BIRTHPLACE	State or forely	gn country)			CITIZEN OF WHAT COUNTRY?	13. FATHER	SNAME					
Swede	en IPATIONIGE	es trad at(1)	AR KIND		U.S.A. BUSINESS OR INDUSTRY	Unk	nown					
dane during most of v	warking lite, ex	en itrefired)	-o. KINI	UF I	BUSHNESS OK INDUSTRY	3. MOTHE	K'S MAIDEN NA	ME				
Retired 16. WAS DECEAS	Sawyer ED EVER IN	U.S. ARMED	FORCE	52	17. SOCIAL	Unk	nown			DDDEEC		
(Yes, no or unknown No	(If yes, give	war ar dates	of service	)	215-05-6977			TY-1			akland	
19.	0				CAUSE OF DEA		Dorothy M	. wein	kam, 80		PROXIMATE INT	
DISEAS	I OR COME	TO N DIREC									EEN ONSET AN	
	LEADING TO	DEATH	TILY		A.NIMMEDIATE C	Fatt	y metamor	phosis	of liv	er		
(This does n	of meon the	made of dyl	ng, e.g.,			S A CONSEQ		phobis	OT TIV	-		
injury or car	nplication whi	ch coused dea	th.)									
	NTECEDENT				(B)							
DISEASES O	OR CONDITI	ONS, IF ANY	GIVING		(B) DUE TO, OR	AS A CONSEC	PUENCE OF:					
UNDERLYIN	G CONDIT	ION LAST.			(c)							
		II										
TO THE DEA	ATH BUT NOT	RELATED TO	THE TERM	LANIL								
		GIVEN IN PA			WHICH OPERATION WA	S PERFORM	FD			IN AUTO	PSY? (Yes ar	Na)
0 2						J ILKI OKIM				21. AUIO		140)
22A. EXTER	NAL CAUSE			22B. P	LACE OF INJURY (e.g.,	in ar about 2:	C. WHERE DID	(If In Baltimare	City, give exc	ect location)	Yes	
UNDERLYING UTING CA				home,	, farm, foctory, street, affice	bldg., etc.) If	NJURY OCCUR?					
OF INJURY		ay) (Year)	(Hou	r) 22	E.INJURY OCCURRED	2:	F. HOW DID IN.	JURY OCCU	R?			
(APPROX.)					HILE AT NOT	WHILE						
23.												
	Ify that I h		quiry [		Inspection Aut	apsy X	ond that an th	is basis, a	leath in my	opinian		
result	ted fram: N	otural caus	es A	Ad	cident Suicid	е 📙 Но	micIde	Undetermin	ed manner [			
ACTUAL	( "	11. V	2.1	6	1 -A		HIEF MEDICAL E				DATE SIGNE	ED.
SIGNATU		in	10.		M.D.	ASSIS	TANT MEDICAL E	XAMINER ]	XX			
NAME (T	Ch	arles S	s. Sp	rif	gate, M.D.	ASSO	CIATE MEDICAL E	XAMINER		6-	20-70	
24A. BURIAL CREA	MATION, 2	4B. DATE			NAME of CEMETERY	or CREMATO	RY 24D. I	OCATION	(City, town	, ar caunty)	(State)	
Burial		6-23-19	970	N	New Cathedral	Cemete	rv	altimo	re, Mar	vland		
25A. DATE REC'D			_		OF REGISTRAR		UNERAL DIRECTO			DDRESS		
JUN 231	SIV G	Sel E.	Tack				ard H. Hu				Ave 2	122
VS 151-REV. 1/1/68			1			110%	a die ild	Dould,	+10/ W	TINCHS	2.00. 2	

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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/6B



FUNERAL DIRECTOR: IMPORTANT

1 -n=	BALTIMORE CITY	HEALTH DEPARTMENT		70
STRITH NO. 70-6925470 63	50 CERTIFICA	TE OF DEATH	REG. NO	70 6350
(Type or Print) BABY BOY	GATSON	D June	HOUR OF DEATH	8.00 PN
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If ins	stitution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)			ltimore"	DE CITY LIMITS?
Lutheran Hamita	l of no.	E. STREET AND NUMBER		YES NO .
46		730 A Sheles	Efon St.	
Male negry WIDOV	NEVER MARRIED WED DIVORCED	5 dene 4 1970	. AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTR
done during most of working life, even if retired)	₩iggsselv	Baltimore		U.S.A
Elijah Gatson		DOUS GO		
S. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.			
18. 7 / 11	CAUSE OF DEAT	1		APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY				BETWEEN ONSET AND DEAT
LEADING TO DEATH		ISE Premat	with	W. mach
(This does not mean the mode of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	The state of	
heart foilure, asthenia, etc. It means the dise	ose,			
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony, givenise to the obove couse (A) stoting	villa	A CONSEQUENCE OF:		
UNDERLYING CONDITION lost.	(c)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTII				
TO THE DEATH BUT NOT RELATED TO THE TERMIN    DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL			
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
E OF INJURY (APPROX.)	While At Not Whit	e 🗖		
				11 19
22. I certify that (I) (this haspital) attended	ed the deceased fram J	Une 4-4.00Pi	70 10 Jus	26 H - 8 100 p 19 70
that (1) (we) last saw the deceased alive	an 7.00 pm	19 70 and tho	t in (my) (aur) aplr	nian death accurred an the do
and haur and from the causes stated abov				
23A. SIGNATURE	00			23B, DATE SIGNED
Mehndad Jo	Phys	nding Med. Director	itaff Phys.	June 4 1970
23C-PHYSICIAN'S	OEGKEE!	23D. ADDRESS		1770
NAME (Type) Mehrdad	Talali OECA	NATONY BOX	BAPA I	Id Bafter ud.
24A. BURIAL CREMATION. 24B. DATE 241 REMOVAL (Specify) 6-19-71	C.NAME of CEMETERY OF CR	VIVERSITY MI	CATION TIME	y, town, or county) (Stote)
2SA, DATE REC'D BY HEALTH DEPT. SB. NA	ME OF REGISTRAR	25C FUNERAL DIRECTOR	DICAL S	ADDRESS
HIN 23 1977 Robert & Jacker	42	MARTIADY C	EBYMON	D CTID
1011 40 1010 4444	E.	Journal 2	THY ILL	RUD
/S 150-REV. 1/1/6B				

called hospital 608 Linward st -Little Harrison Harrison of 18 18 77 - 22 Same 16. with the state of made here I would be you got they will your 

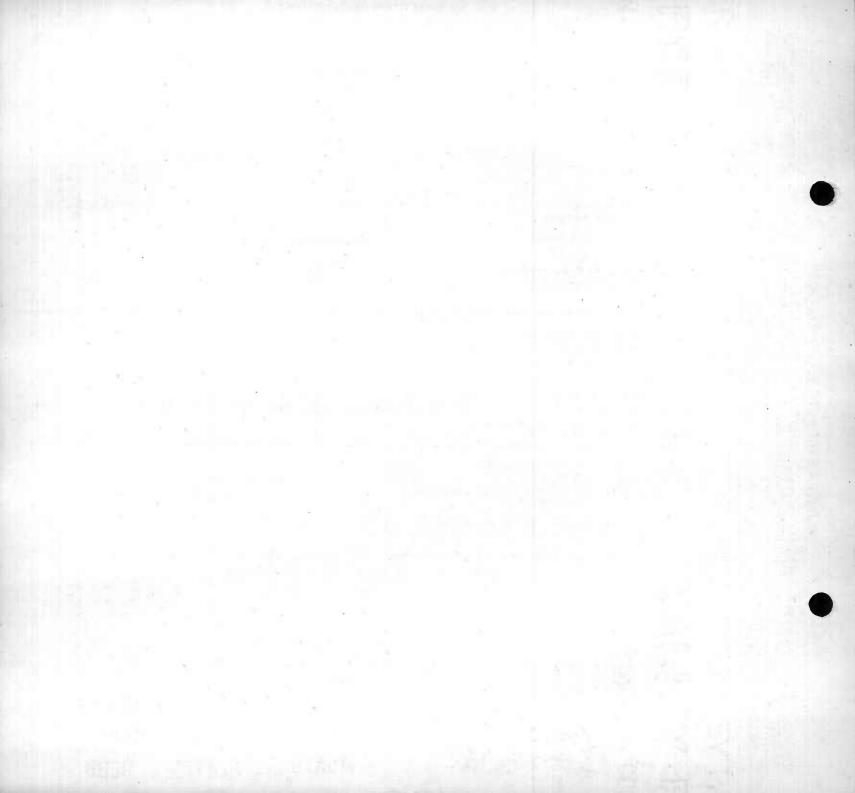
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FUNERAL DIRECTOR:

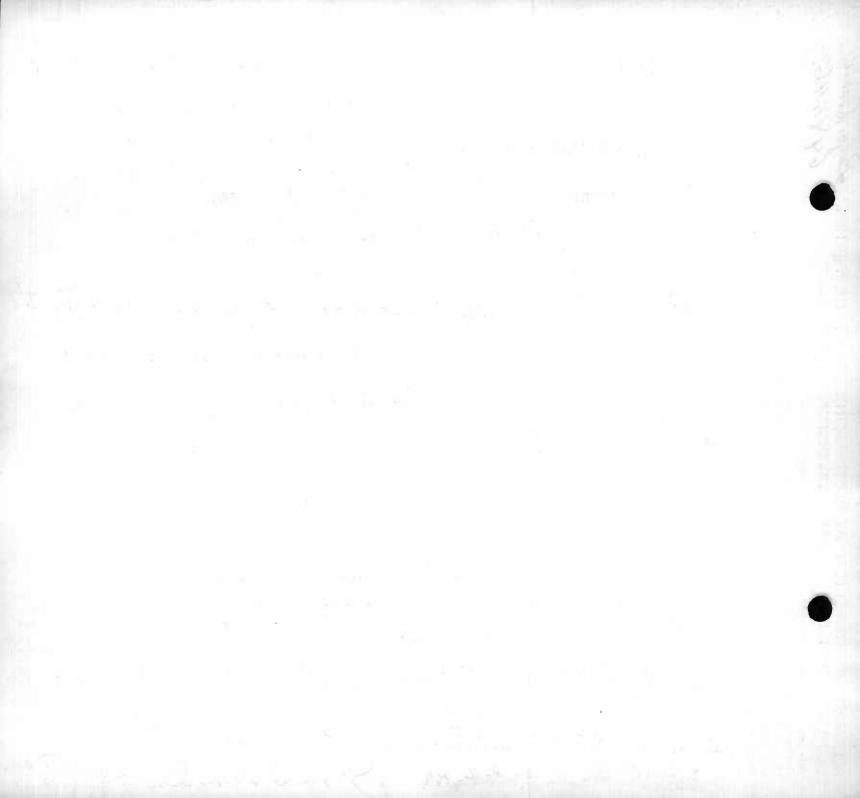
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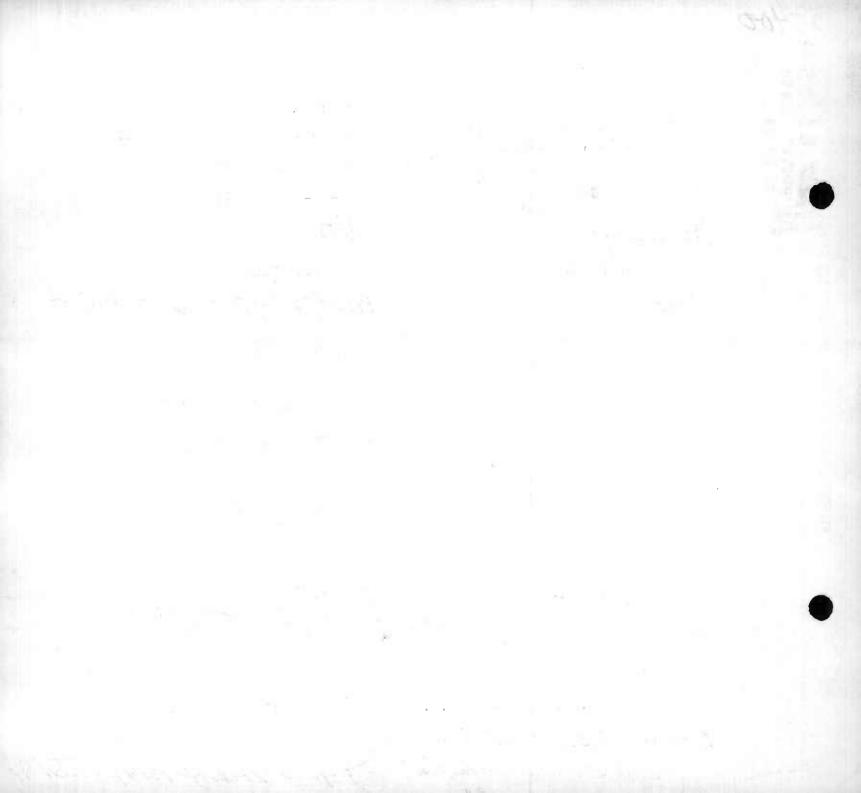
FUNERAL DIRECTOR:



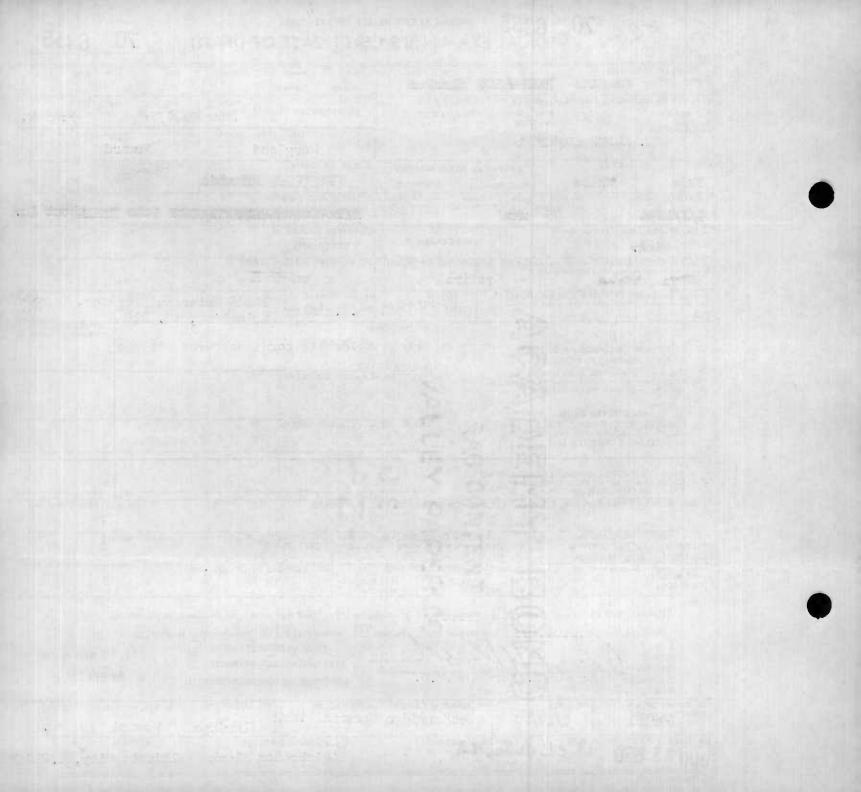
13.	-2001		BALTIMORE CITY HEALTH DEPARTMENT	P10
,	sed the the		OBRIH NO. 70 6353 CERTIFICATE OF DEATH	reg. No. 70 6353
2 (0	Sage			A JUNE 1970 1 130 P.
3 14	spita of i) Dec	3.	B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Wh	ere deceased lived. If institution: residence before admissiont
10 P	hosp ause 3; (5) I idance o dea	FL H	FULL NAME OF ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	BALTIMORE CITY 704
2 3	ed in a ting co d cause r atten prior to		33 JOHNS HOPKINS HOSP BALTIMORE E. STREET AND NUMBER	YES 🔀 NO 🗌
8	tribu mine gula sed mad		ALE NEGRO WIDOWED DIVORCED 12 36 9.5	SHINGTON STREET  9. AGE (In years   If Under 1 Yr.   If Under 24 Hrs.   Months Days Hours Min.
IGAL	if death or rect or con (4) Undeter was in re the decea sposition is	doi	DA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or form one during most of working life, even if retired)	eign country) 12. CITIZEN OF WHAT COUNTRY?
MED.	if d ect 4) U way	13.	JOHN BOYCE  ANN F	ME
Z	42 77 42	15.	Wos Deceased Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT	
IMPORTAL IMPORTAL In his assistant Also, if the a of any kind ounced deat ittendance o	# 0 E 0 0 B	(Ye	es, no of unknown) (If yes, give wor or dates of service)	age & 803 n. Wachington It
PO P	his as fany fany nced enda d or		DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
-	Als noun		(This does not meen the mode of dving and (A) IMMEDIATE CAUSE MY CONOUR	il Infarction 3 kms.
PRINGA ECTOR:	ner. actu pro ular mba		(1) I + m // T.	_ 0
Z 7	A fr Who reg		DISEASES OR CONDITIONS, if any, giving  (B) WHOLE TO, OR AS A CONSEQUENCE OF:	1 10 years
SK	S in S		rise to the above cause (A) stoling the UNDERLYING CONDITION last. (C)	
ERAL D	medical medical burns; physicia an was remain	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
Z	chief y a Body the ysici	RTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes of No. YES	208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
L BY	y the ital bree; (2) where No ph	CAL	OR CONTRIBUTING TICALICE OF THE OF TH	(if in Boltimore City, give exact location)
DICA	hosp natur cept w d (6)	MED	21 D. TIME (Month) (Day) (Yeor) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJ (APPROX.) While At Work At Work	URY OCCUR?
A P	the dan obt		22. I certify that (this hospital) attended the deceased from 20 JUNE	19 TV to 20 JUNE 19 70
NCE	be ap ed to nt of oital arh);		that (M (we) last sow the deceased alive on 20 JUNE 19 70 and th	at in (m) (our) opinion death occurred on the date
NON	spit spit ust		and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.	/
SPO	reiding to de		K. Kramer M. D. DEGREE Phys. Director	Staff DO JUNE 1570
A 28	ate at at cov		23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS	100000110
SED	Hifica y wa y wa (1) An A. a d pri	24A		HOPKINS HOSPITAL
LEAS	Certinopoly Section 19.00	7	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. L.	fulus in (State)
REL	This the bashow was dece	25A	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
u. u	-+ W > O >	VS	JUN 23 1970 Robert E. Jaber M.D. Joseph J.	dock X 1304 n. ( Brill at

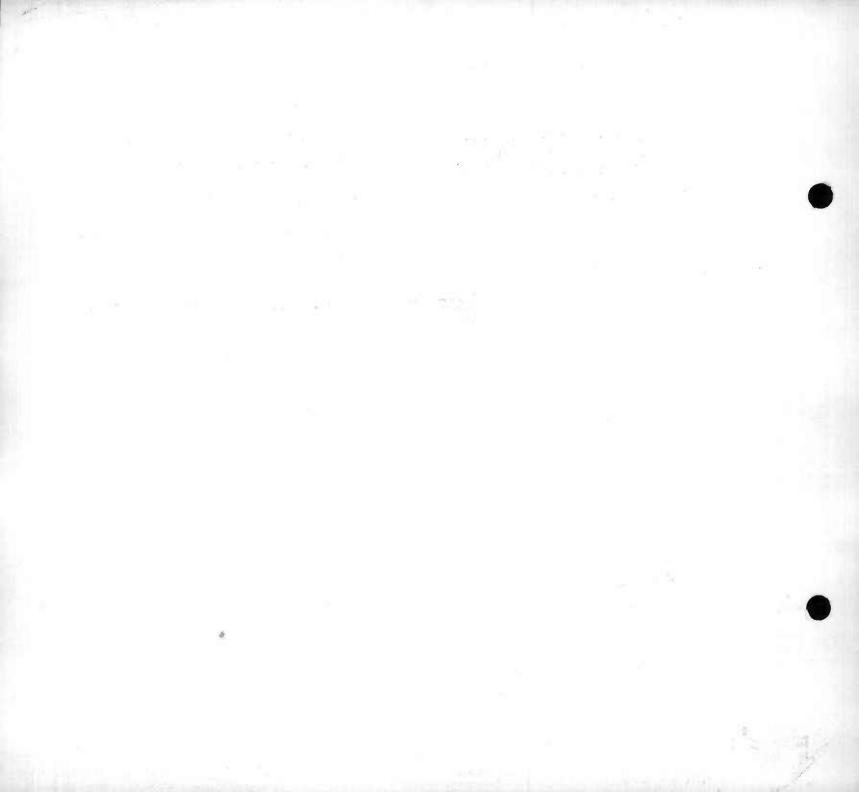


20000	BIRTH NO. 70 6354 CERTIFICATE OF DEATH REG. NO. 70 6354
tal and fi death eccased on the h. Such	1. NAME OF DECEASED Helen Jolley 2. DATE AND HOUR OF DEATH 6/21/70 1620 A
red in a hospital wing cayse of ed cause; (5) Dec ar attendance o prior to death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE IWhere deceosed lived. If institution: residence before odmission.  A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND INSTITUTION THE JOHNS HOPKINS HOSPITAL  MARYLAND C. CITY OR TOWN D. INSIDE CITY LIMITS? YES XX NO
	E. STREET AND NUMBER  1024 ASHLAND AVE
occur ontrib regul	FEMALE NEGRO NEVER MARRIED NEVER MARRIED NEVER MARRIED NEGRO NEVER MARRIED NEGRO NEVER MARRIED NEVER
death t or co Undete as in s	10A, USUAL O CCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
RECTOR: IMPORTANT I examiner or his assistant if examiner. Also, if the directal Afracture of any kind; (4) in who pronounced death win regular attendance on the sare embalmed or final dispo	ALBERT ATKINSON BERNICE ROLLS
	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wer or dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT Refer  19. 3405 8 Security No.
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  DUE TO, OR AS A CONSEQUENCE OF:  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:
	injury or complication which caused death.)  ANTECEDENT CAUSES  (B) CIRRhosis hee failure
	rise to the abave cause (A) stating the UNDERLYING CONDITION last. (C)
- Bin ris y E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING F. TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
chief me or a me body bu the phy hysician	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED NO NO CERTIFYING CAUSES OF DEATH?
Y the ital before before	OR CONTRIBUTING CAUSE OF Cause of Contributing Cause of Cause
nust be approved bleased to the hosp ident of any naturhospital (except we death); and (6) I must be obtained	21D. TIME (Monih) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED  While At Work  At Work
	22. I certify that (I) (this hospital) attended the deceased from 19 to 19 to 19 that (I) (we) last saw the deceased alive an 19 on and that in (my) (aur) apinion death occurred an the date
	and hour and from the causes stated abave ((1) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE
	23C.PHYSICIAN'S NAME (Type)  Attending Med. Director Phys. 22D. ADDRESS  Address
certification body was vs. (1) An D.O.A. at assed prior	JAMES L. BOLEN M.D. DEGREE THE JOHNS HOPKINS HOSPITAL  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, Jown, or Country) ISIOTE)
This certificate m the body was rel shows: (1) An acc was D.O.A. at a deceased prior to	25A, DATE REC'D BY HEALTH DEPT. 125B, NAME OF REGISTERS (125C, FILMERAL DIFFERENCE AND ADDRESS.)
THE SP	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR ADDRESS TO STORY 1304 M. Contraft.  VS 150-REV. 1/1/08



VS 151-REV, 1/1/68





VS 150-REV. 1/1/6B

IMPORTANT

DIRECTOR:

FUNERAL

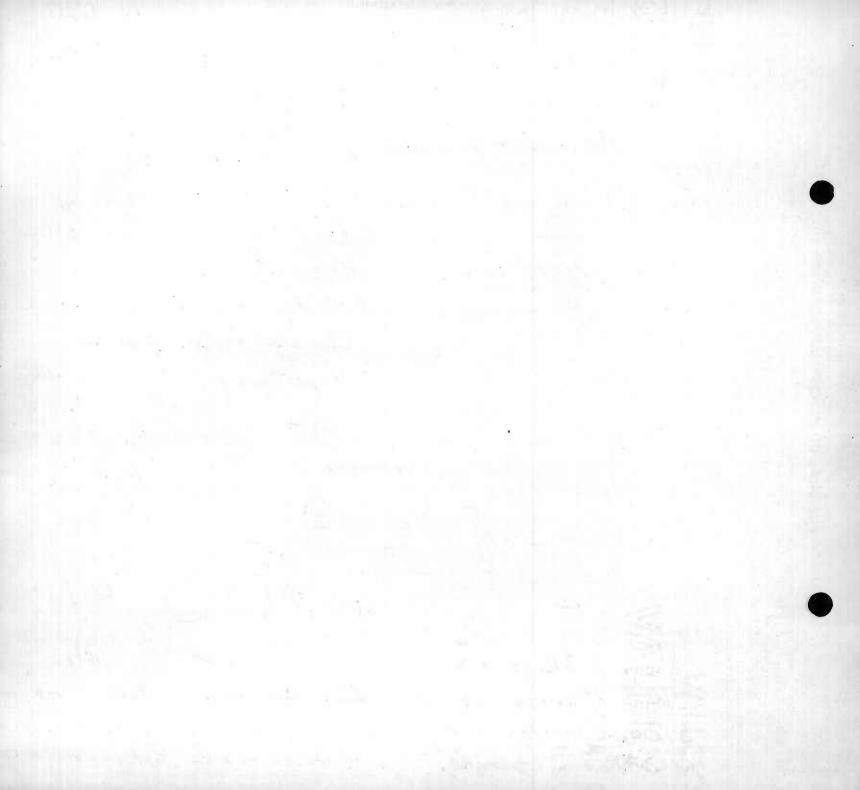
BALTIMORE CITY HEALTH DEPARTMENT

NO

U.S. A.

BETWEEN ONSET AND DEATH

If Under 24 Hrs.



355. NAME OF REGISTRAR

Baltimore

25C. FUNERAL DIRECTOR

Charles

Maryland

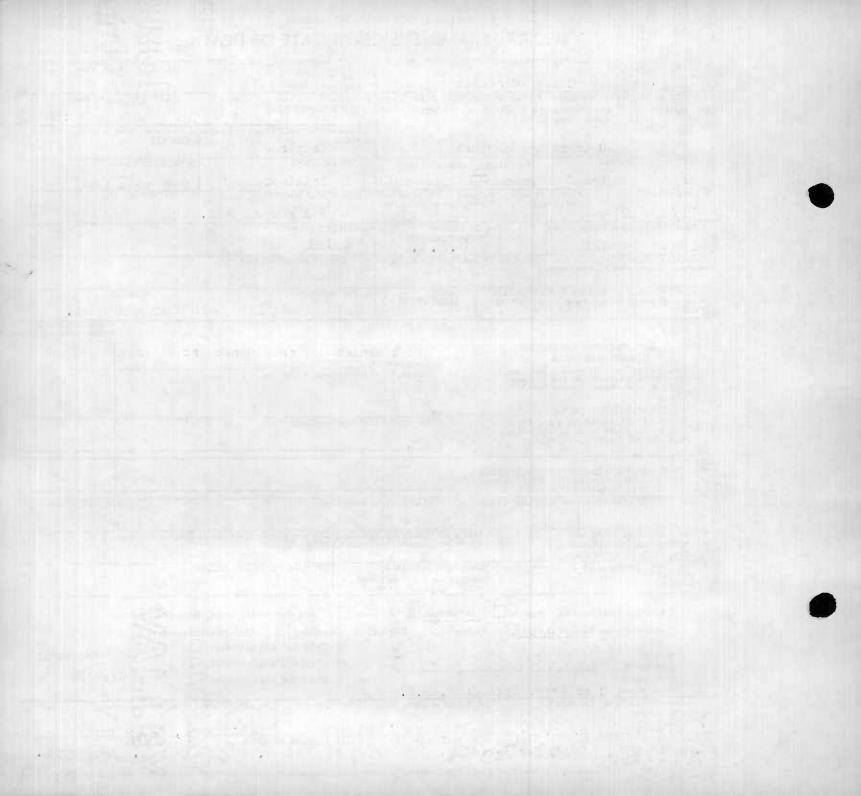
Barre St.

ADDRESS

We

VS 151-REV. 7/1/68

25A. DATE REC'D BY HEALTH DEPT.



24C. NAME of CEMETERY or CREMATORY

Prosom Growe Bapt. Church

Transit-burial 25A. DATE REC'D BY HEALTH DEPT.
JUN 23 1970 Jacobs
VS 151-REV. 1/1/68

REMOVAL (Specify)

24A. BURIAL CREMATION,

24B, DATE

6-25-1970

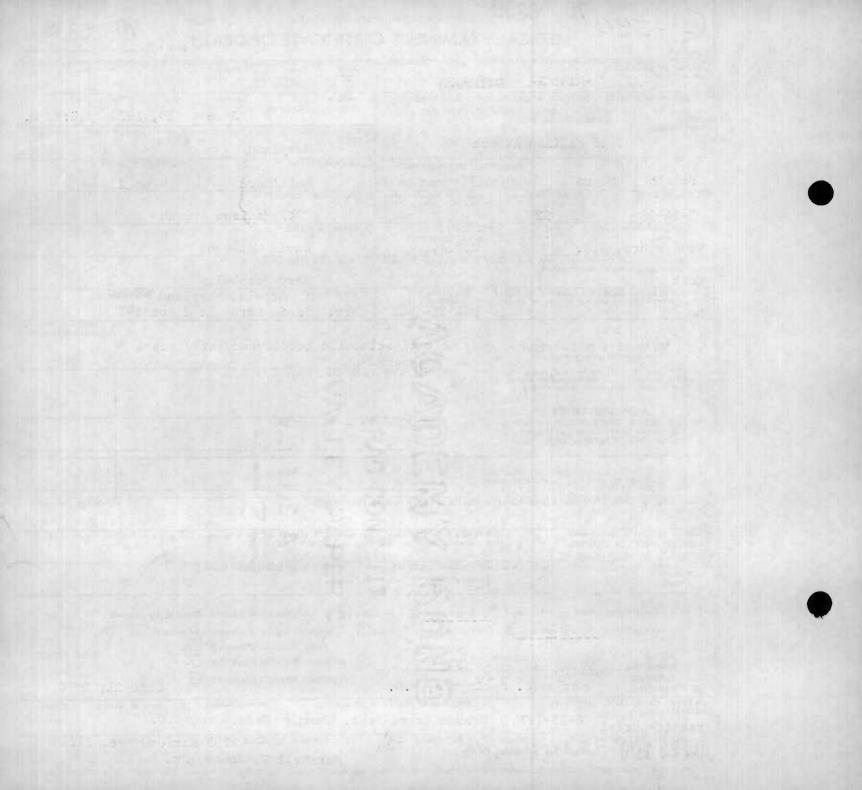
258 NAME OF REGISTRAR

25c. FUNERAL DIRECTOR 1735 Harfor APDRESE. 21213 Marshall W. Jones, Jr.

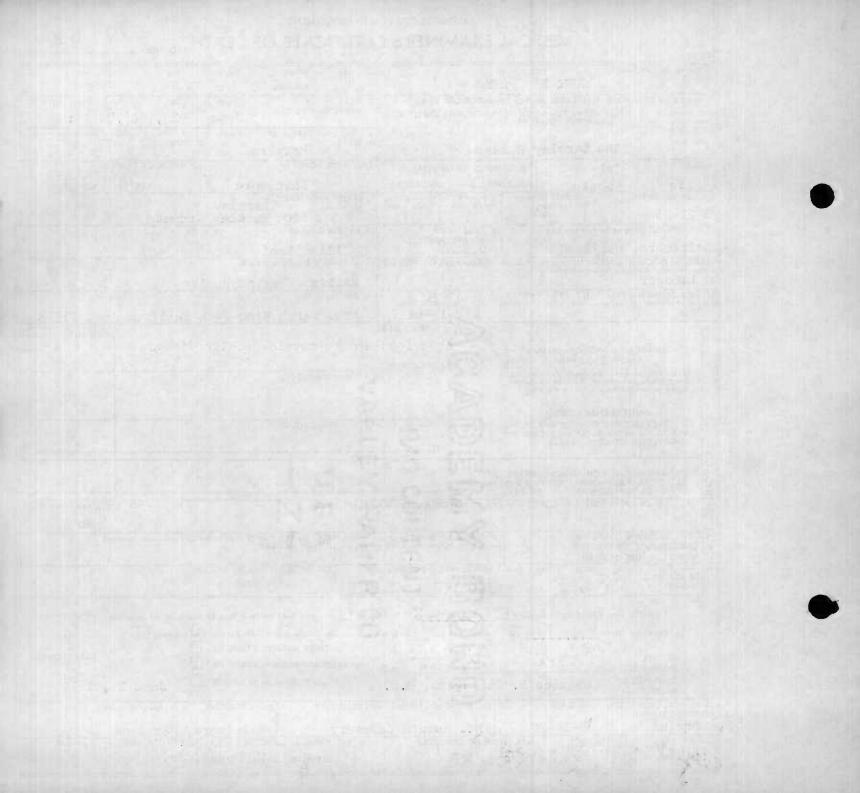
Wadesboro, N.C.

24D. LOCATION (City, town, or county)

(Stote)



VS 151-REV. 1/1/68





Letter from M.E.'s office 10-5-70 M.H.

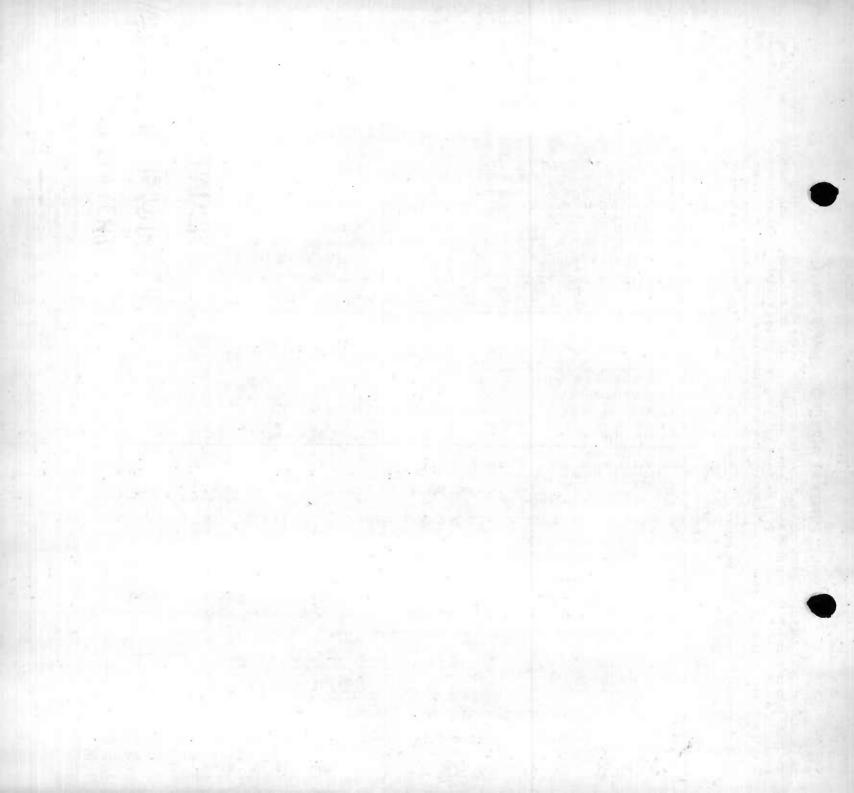
.

IMPORTANT

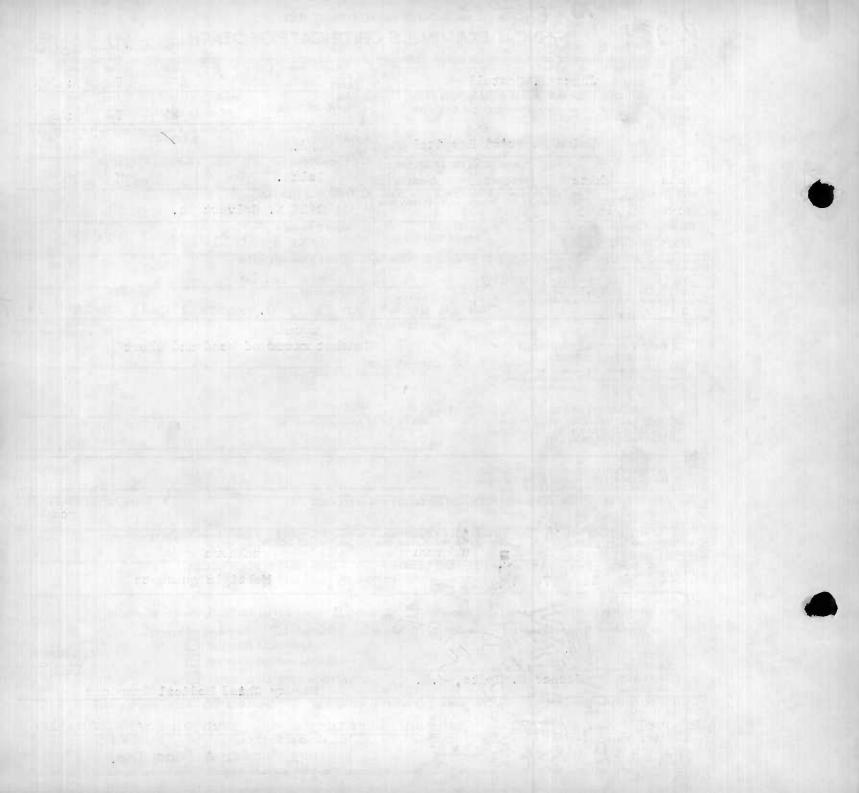
FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

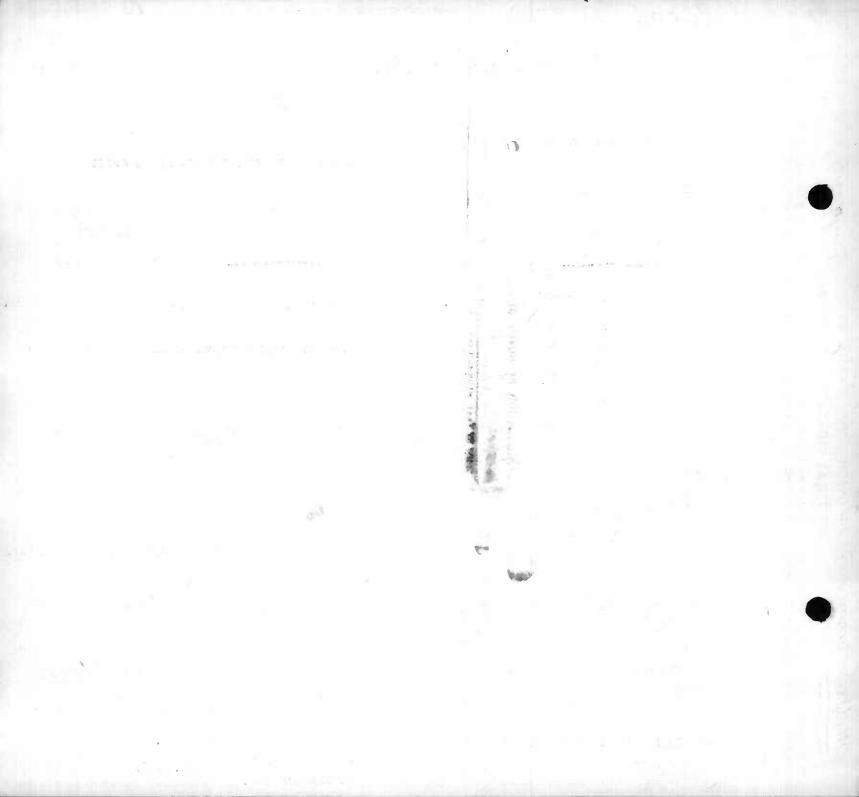
BALTIMORE CITY HEALTH DEPARTMENT



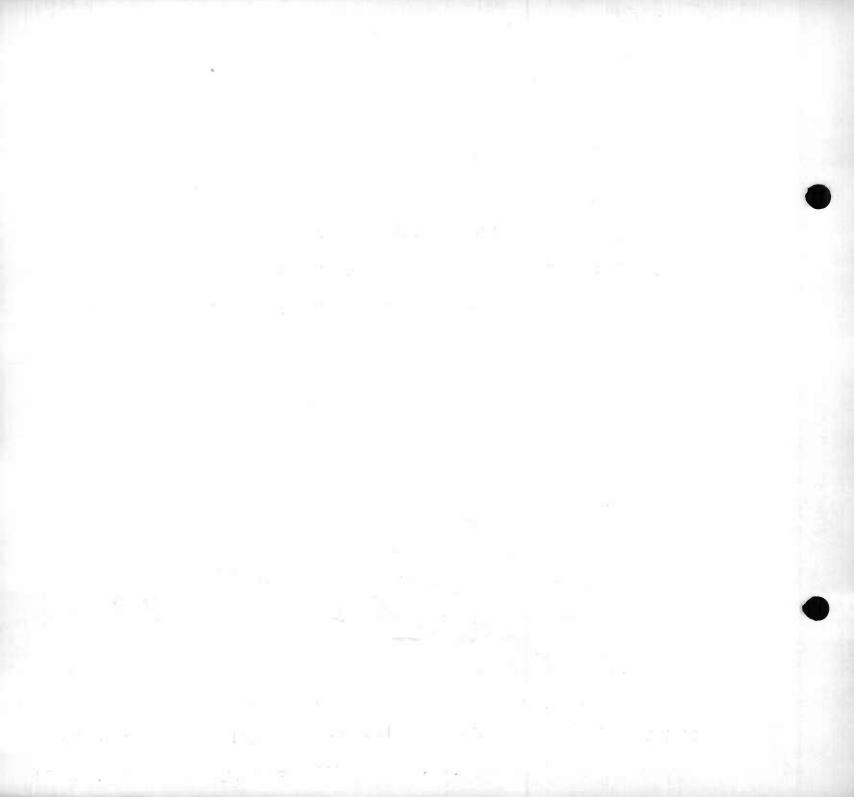
1	S-526 BALTIMORE CI	TY HEALTH DEPARTMENT	70 6364
В	RTH NO. 70 6364 CERTIFIC	ATE OF DEATH REG. NO	0304
1.	NAME OF DECEASED (MARION HELENE SCHWINGS	ER) 2. DATE AND HOUR OF DEATH	970 1 15 0
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission)
H	JLL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD.	ISIDE CITY LIMITS?
		E. STREET AND NUMBER	YES NO
Ŀ	SINAL HOSPITAL OF BALTO.	500 N BOULDIN ST.	
	F 6. RACE WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost bighday) 60	If Under 1 Yr. If Under 24 His. Manths Doys Haurs Min.
do	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTING during most of working life, even if relired)	RY 11. SIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
	Housewife& Supt. of Laundry Stores	Danvilke Va.	USA
	FATHER'S NAME William Mills	14. MOTHER'S MAIDEN NAME LUCY ?	
15. (Ye	Was Deceased Ever in U. S. Armed Farces?  s,no or unknown) (If yes, give wor or doles of service)  216-16-6797	MRS. Charles Schwin	ger (Husband)
Г	18. 4 2 1 CAUSE OF DEA	TH	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0	BETWEEN ONSET AND DEATH
	(This does not meen the made of dying, e.g., (A) IMMEDIATE C.	AUSE Cerebro y of Scular ac	aden
	heart foilure, asthenio, etc. It means the disease, injury or complication which coused death.)		
	ANTECEDENT CAUSES Ayten	poselerotie Cardiovasa	lar disease
	DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR A	rioseleratic Cardiovasa	
	rise to the obove couse (A) stoting the UNDERLYING CONDITION tost. (C)		
	11		
NOL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
CAI	DISEASE OR CONDITION GIVEN IN PART 1 (A),  19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION	20.4	
ERTIFIC	WAS PERFORMED WATCH OF ERATION	20A. AUTOPSYT (Yes or No.) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	In at about 21C, WHERE DID (If In Boltima office bldg., INJURY OCCUR?	ore City, give exact lacation)
EDI	21 D. TIME (Month) (Day) (Year) (Haur) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
\$	(APPROX.) 6.10 pm 6-19-70 While At At Work	6.39 AM	
	22. I certify that (1) (this hospital) attended the deceased fram	6-19-1970-10	6-19 1970
	that (1) (we) lost sow the deceased alive an 6 - 10	and that In(my) (aur) op	Inlan death accurred an the date
	and hour and from the causes stoted above. (1) (We) (did) (did not)	view the bady after death.	23 B, DATE SIGNED
	Dr. Meshkinpour	tending Med. Staff Phys.	6-19-70
	23 C. PHYSICIAN'S NAME (Type) H. Meshkiwpouk M.D.	23D. ADDRESS Sinai hospita	l of Balto.
24/	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CI	REMATORY 24D. LOCATION (C	ity, town, ar caunty) (State)
	Burial June. 23.1970 Parkwood Ce	metery Baltimore	Md.
25/	JUN 23 1970 Pales E. Jaben M.D.	PENRY SANDER & SONS	ADDRESS
VS	150-REV. 1/1/68	Baltimore Md.	



		6366 BALTIMORE CITY HEALTH DEPARTMENT	./0 6366
	2002	CERTIFICATE OF DEATH	REG. NO.
	al and death ceased on the . Such	NAME OF DECEASED (EDNA M. BANDEL)	ID HOUR OF DEATH
	- 0 0 0 5 <u>-</u>	PANDEL EDNA M.	121/1970 11.08 Pm.
	+ + 0 +	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Wye	re deceased lived. If institution: residence before admission)
	se o (5) D ance deat	1 1110101 1110	1111
	4 1 h	ULL NAME OF OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  C. CITY OR TOWN	D. INSIDE CITY LIMITS?
	T T T	UNION MEMORIAL HOSPITAL BALTIMON	
10	- Pring prior .		317 Suffolk Road
K	ar de.		KANKEN XX COOD X X ROOK X B
n'a	occur ntrib rmin egul ased s ma	F WHITE WIDOWED NOVORCED 3/20/1881	9. AGE (In years lost birthdoy)  Months Doys Hours Min.
N.	th collecter	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole of lore ne during most of working life, even if refired)	
10	90 E S E	RETIRED MARYLAN	USA.
a	irect (4) U (4) U was the ispos	FATHER'S NAME	
7-	dire	UNKNOWN Frank Harbaugh	₩₩ Fannie Woodward
A	ind; ind; eat eat	Was Deceased Ever in U.S. Armed Forces?  17. INFORMANT  17. INFORMANT  17. INFORMANT	ADDRESS
7	ki ki de fin	no   20 44 9557 George F. Fl	entje Jr. 401 EquatableBlo
4 IMPORT	any any ced nda	18. CAUSE OF DEATH ONFILE	40014  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7 8	So, So, of o	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	7 HOURS
3,=	Ta Se Pa	(This does not meen the mode of diving a g (A) MMEDIATE CAUSE	- TOURS
6 3	ner. actu pro mba	heort foilure, asthenio, etc. Il meeas the decase injury or complication which coused death.	
0	fra o o min	ANTECEDENT GAUSES E C	
the Bo	A A P P	DISEASES OR CONDITIONS, SI Dry, Tring (8) DUE TO, OR AS A CONSEQUENCE OF:	
A S	(3) ex	UNDERLYING CONDITION lost.	CTURE 32 DAYS
	lical cal ns; icia as		
2 A	died ysiry w	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA	
003	y by	DISEASE OR CONDITION GIVEN IN PART 1 (A)	
relea	hie he he sic	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes of No. WAS PERFORMED WAS PERFORMED NO. NO.	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
35	by bhy ore	21A. ACCIDENT WAS INDERLYING TO THE BLACK OF INTERPRETATION OF THE PROPERTY OF	(If In Boltimore City, give exact location)
` —	tal by (2) here to be for	OR CONTRIBUTING DI CAUSE OF home, form, foctory, street, office bidg. INJURY OCCUR?  PEATH (notify medical examine)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED  21F. HOW DID INJURY	HOUSE
3	S.2 F 5	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJ	TEWOOD ROAD, BACTO, NO. 2/2/
3	hosp nature rept d (6)	(APPROX.) 5 20 1990 Mar While At Not While X	ON FLOOR
2	he he xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		9 20 to 6/2/ 19 70
7	0 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		at In(my) (aur) opinion death accurred on the date
exan	t of t	and haur and fram the couses stated above. (1) (We) (did) (did not) view the body ofter death.	in intimy/ task opinion death decoiled bit the date
9	death)	23A. SIGNATURE	23B, DATE SIGNED
QI.	30.00	Kasuke Pany moto, M.D. Attending Med. Director	\$toff ⊠ 6/2//1970
Medfal		23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS	RIAL HOSPITAL
2	was r An a L at a prior	KASUKE TSHUIMOTO, MID. WIND BERDAND CALLY	
29	certifi body v vs: (1) b.O.A ased p		CATION (City, town, or county) (Stote)
12	bod bod ws:  Ws:  D.C	Burial June 24 1970 Baltimore Cemetery Ba	ltimore Md.
1	This certily the body shows: (1) was B.O. deceased written a	JUN 23 1970 Rober & Jacker M.D. HENRY SANDE	R & SCNS.INC.
	-+ N > O >	150-8FV 1/1/68 Baltimore M	

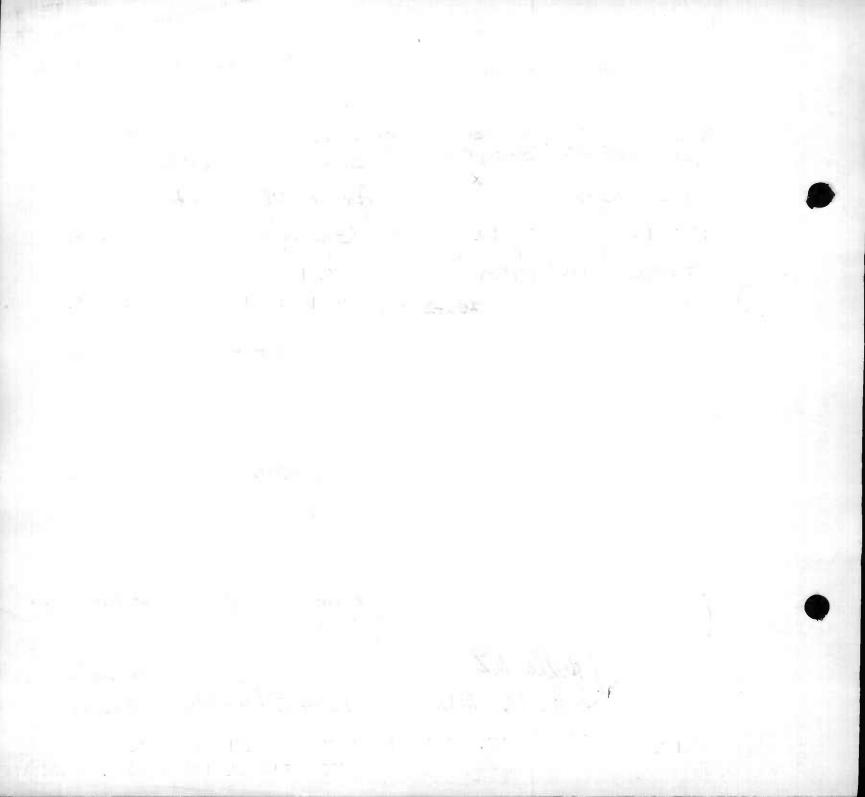


VS 150-REV. 1/1/68

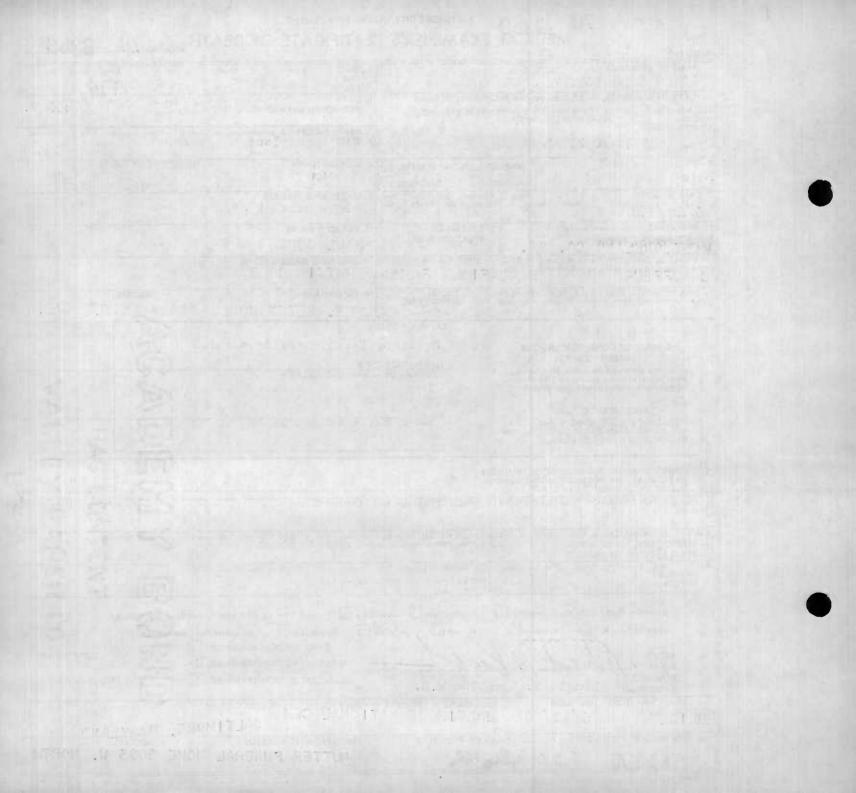


FUNERAL DIRECTOR: IMPORTANT

(-55	2 70	6368		TE OF DEA		No.	6368
BIRTH NO.  1. NAME OF DECEA (Type or Print)	(SED	0	1.	2, 0	ATE AND HOUR OF		0.15
3. PLACE IN BALTI	MORE MARYLAND, V		nam	4. USUAL RESIDEN	June 8	1970	9:15 A. M.
FULL NAME OF HOSPITAL OR		TAL OR INSTITU	TION, GIVE STREET	Maryand	COUNTY	1	552
INSTITUTION	a Nursina	+ Comple	scent Center	C. CITY OR TOWN		D. INSIDE CITY LI	
Harberule	ight st.	PIL	md 21230	E. STREET AND NU	MBER	153 (2)	NO L
1210	1911 51.	DAITE	//	3101 CH	perruland	Road	
	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In y lost birthdoy)	eors II Unde	r 1 Yr. If Under 24 Hrs. Doys Hours Min.
male	Negro	WIDOWED		Horil 4,1	908	62	
done during most of wo	cking life, even if retired)	KIND OF	BUSINESS OR INDUSTRY	BIRTHPLACE (Slot	e ar ioreign cauntry)	12. CITI	ZEN OF WHAT COUNTRY?
CUSTODIA	N :	TERMIAL	<u> WAREHOUSE</u>				LSA
13. FATHER'S NAME	$\cap$	1		14. MOTHER'S MAIL	EN NAME		
Teorge	Lunni	ngham		SYLVIA	?		
(1es, no or unknown) (I	ver in U.S. Armed Fe f yes, give wor ar dote	es of service)	6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
NO			252-20-0091	GEORGIA	CUNNINGHA	M 3101 CH	HERRYLAND RD
18. 4.27	7,01		CAUSE OF DEATH	ł		1,	APPROXIMATE INTERVAL
	OR CONDITION DI ADING TO DEATH			1	DHI	18	7 1
(This does not	mean the mode of	dving. e.g.	(A) IMMEDIATE CAU	SE CONSEQUENCE OF:	UNF	***************************************	<i>F4</i>
injury at campli	lhenia, elc. Il means icalian which caused	the disease, death.)	701 10, OK A5	CONSEQUENCE OF			
AN	TECEDENT CAUSES	\$	4-1				
DISEASES OR	CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF	4		
UNDERLYING	above couse (A)	stating the	(c)			1	
-	- 11		(0/101111111111111111111111111111111111				
TO THE DEATH I	ANT CONDITIONS CO BUT NOT RELATED TO T IDITION GIVEN IN PAR	THE TERMINAL	C	VQ hum	link		recent
E 6	PERATION 198. CON WAS PER	FORMED	HICH OPERATION	20A. AUTOPSY? (Ye		WERE FINDINGS	CONSIDERED DEATH?
DEATH (notify m	WAS UNDERLYING NG CAUSE OF	218. P heme, etc.)	LACE OF INJURY (e.g., in farm, factory, street, eff	or about 21C. WHERE INJURY OC	DID (II In	Ballimare City, give	exact lacation)
OF INJURY	Month     Day)     Year)		NJURY OCCURRED  At While At Work		DID INJURY OCCUR?		,
22. I certify the	at (1) (this hospital	I) ottended the		fam	19 % to	18	lun 1970
	st saw the decease		11-	1 /19 70			h occurred an the date
			(We) (did) (did nat) vi		•	, aprillation adult	Jaon of dir the dole
23A. SIGNATURE		on Cha	-			23 B. DATE	SIGNED
	Mul	Us Ind	After Phys.	ding Med.	Stoff Phys.	18	Lean 7A
23C. PHYSICIAN'S NAME (Type	J. H.	UllR	M.D.	3D. ADDRESS	E Faget	te 7	12.31
24A. BURIAL CREMA REMOVAL (Spe	TION, 248. DATE	24C. NA	ME of CEMETERY of CRE	MATORY	212 122 122	1631	141
MPIAIA A WP 1906	eilul	2.400.000	ALL OF GENERAL OF CHE	MINIORI	24D. LOCATION	(City, town, or	county) (State)
DUDIA		170					
DIIDIAI	6/23/		AUBURN CEN	METERY   25C. FUNERAL DI	BALTIMOF		
DIIDIAL	6/23/	70 MT.	AUBURN CEN	METERY 25C. FUNERAL DI	BALTIMOF	RE MARYLA	AND



	1-50	20	70 MER	365		ALTIMORE CITY H			DEAT	.п	140	0.000
BII	RTH NC.		MILL			AMIII 4LK 3	CLKIIII	CATE OF	DEAT	REG. NO.	/U	6359
	NAME OF DEC	EASED					2. DATE	Known 🗌	Month	Doy	Year	Hour
	pe ar Print)			JONE	_		OF DEATH	Estimated	June		1971	3
4.	PLACE IN BAL						3. DATE		Month June		Year	Hour EE
HO	L NAME OF SPITAL INSTITUTION	(IF NO	ESS OR LOCA	LOR IN	MOITUTITE	I, GIVE STREET		ESIDENCE (When		13,1970		How: 55 P.
1		VAI HO	SPITAL				A. STATE	Marylan	d	B. COUNTY	n: residence b	1304
		7. RACE		B. MAR	RIED 🗌	NEVER MARRIED	C. CITY OR			D. INSIDE C	TY LIMITS?	
	le	Neg:	ro	WIDO	WED 🗌	DIVORCED	] Balt	imore		y	ES 🗆 N	NO 🗆
11	DATE OF BIRTH $6/28/19$		10. AGE (Ir	years 8	If Unde Manths	r 1 Yr. If Under 24 Hr. Doys Haurs Mir		Woodbrook	Avenue			
11.	BIRTHPLACE (S	tate or farel	on country)	1		ZEN OF	13. FATHER	'S NAME				
liw	ESTMORE	LAND	CO. V	Α.	WH	AT COUNTRY?	PAUL	JONES				
114A	USUAL OCCUP	PATION (GI	ve kind of work ven If retired)	BRO	OF BU	SINESS OR INDUST	15. MOTHE HAT	R'S MAIDEN NA	ME			
16.	WAS DECEASE	D EVER IN	U.S. ARMED	FORCE	5?  17	. SOCIAL	IB. INFORM	TAAN		A	DDRESS	
(162	Aus of nuknown)	(it yes, give	war ar doles (	ot service	)	SECURITY NO. 19-05-973	MRS.	BETTY	JONES	1309	A RG YI	E AVE.
	19.0	364			-	CAUSE OF DE		DETTT	JOINEO	7000		ROXIMATE INTERVAL
Н		OR CONE	OITION DIREC	CTLY		Arterio	sclerot	ic cardio	vascula	ar disea	se BETWE	EN ONSET AND DEATH
	(This does no	t mean the	made of du	ng. e.g.		(A)IMMEDIATE	CAUSE					
	heart lailure, Injury or cam	asthenio, etc	. It meons the	disease,		DUE 10, OR	AS A CONSEQ	UENCE OF:			27	
2	DISEASES O RISE TO THE UNDERLYING	TECEDENT OR CONDITI ABOVE CA G CONDIT	ONS IF ANY	, GIVING ING THE		(B)	AS A CONSEC	QUENCE OF:				
FICATION	OTHER SIGNI TO THE DEA DISEASE OR O	TH BUT NOT	RELATED TO	THE TERM	INAL							
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2	22A. EXTERN UNDERLYING	IAL CAUSE OR CON	TRIB-		22B. PLA hame, las	CE OF INJURY(e.g. rm, factory, street, offi	, in ar about 2 ce bldg., etc.) It	2C. WHERE DID	(If in Baltima)	e City, give exa	ct lacation)	
Σ			Day) (Yeor)	(Hau	WHIL		WHILE	2F. HOW DID IN	JURY OCCU	JR?		
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25A	. DATE REC'D B	Y HEALTH	DEPT.	25B. N	AME OF	REGISTRAR	25C, F	UNERAL DIRECTO			RYLAN	D
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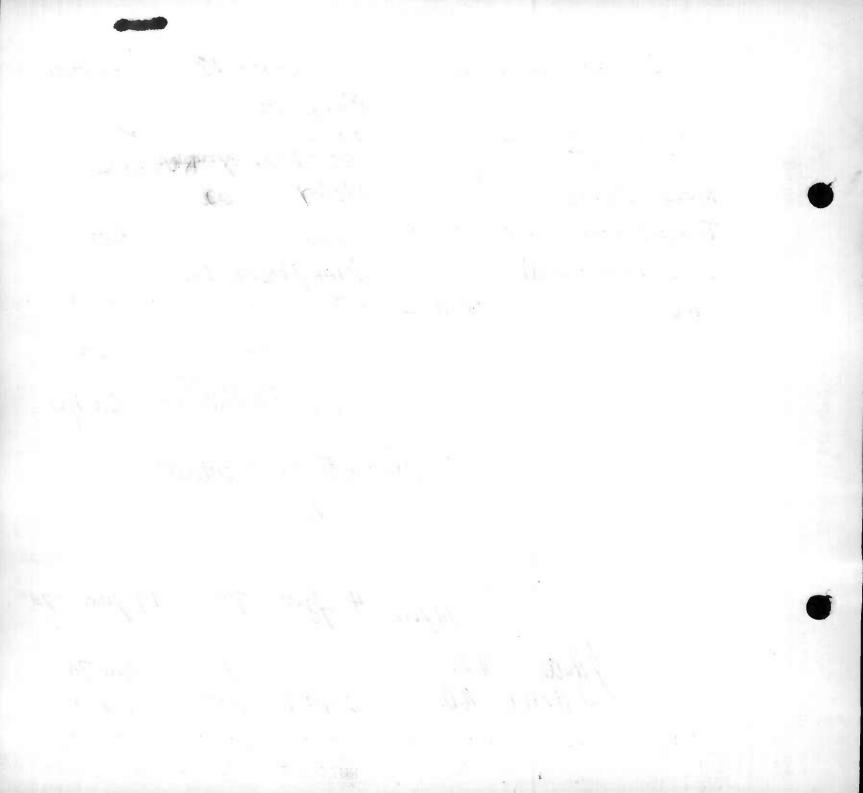


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Deceased of death BIRTH NO. I.NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) no eath. 3. PLACE IN BALTIMORE, MARYLAND, USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) WHERE PRONOUNCED DEAD attendance STATE use; (5) cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR TOWN D. INSIDE CITY LIMITS? HARBORVIEW NCC YES P NO [ prior contributing NUMBER 213 LIGAT (4) Undetermined regular 5. SEX mac 7. MARRIED NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Un Months! Doys Hours eceased lost birthdo If Under 24 Hrs. WIDOWED AL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign 12. CITIZEN OF WHAT COUNTRY? disposition most of working life, even if retired) TO AUREL TRUCKING MOS the 4. MOTHER'S MAIDEN NAME death no 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give war or dotes of service) 6. SOCIAL ADDRESS final SECURITY NO. attendance BLACKWELL LOUISE 32 SHIPLEY any pronounced 0 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY mbaimed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not meon the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart foilure, osthenio, etc. It meons the diseose, regular injury or complication which coused deoth.) ANTECEDENT CAUSES who DUE TO, OR AS A CONSEQUENCE DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) sloting the mains UNDERLYING CONDITION lost physicia Was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). physician 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, steet, office bldg., INJURY OCCUR? where (If in Baltimore City, give exact location) hospital ° DEATH (notify medical examiner) nature; by obtained MEDI 21 D. TIME (Month) (Doy) (Year) 9 (Hour) 21 & INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (except Not While While At (APPROX) and Work At Work any 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive on ond that In(my) (aur) opinion death occurred on the date hospital death) ō and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. must accident 23A. SIGNATURE 23B, DATE SIGNED Attending 0 Med. approval Phys. Director 0 DEGREE 23 C. PHYSICIAN'S prior 23D. ADDRESS t o NAME (Type DEGREE deceased written ap 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) 6/23/70 MARYLAND BURIA BALTIMORE WESTERN STAR CEMETERY COUNTY Was 25A. DATE REC'D BY HEALTH DEPT. 255 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS FUNERAL NUTTER HOME NORTH 3035 W. VS 150-REV. 1/1/68

IMPORTANT

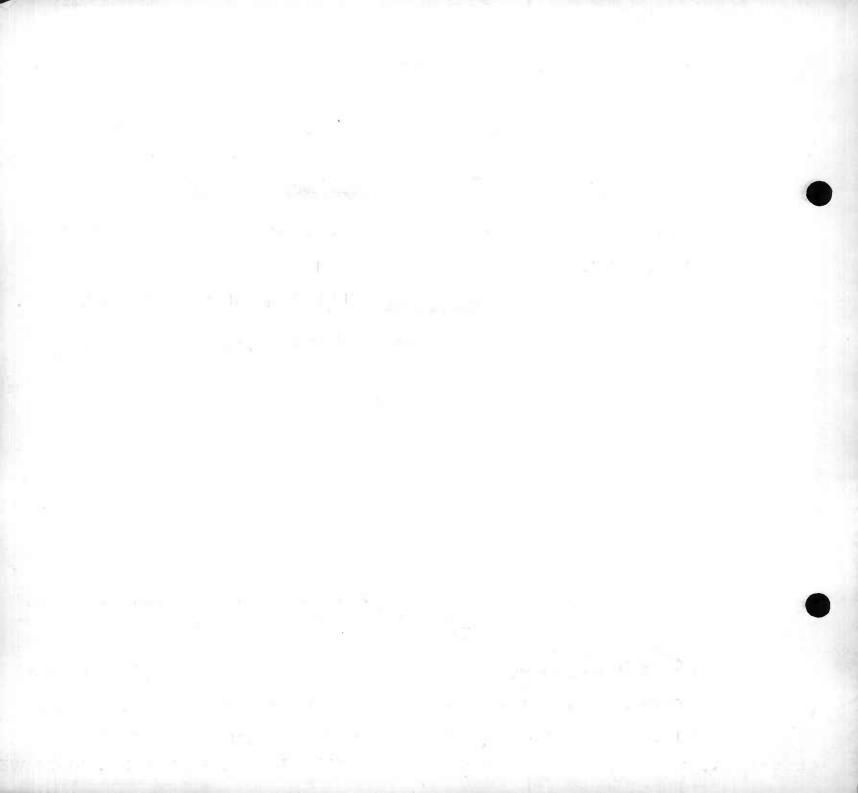
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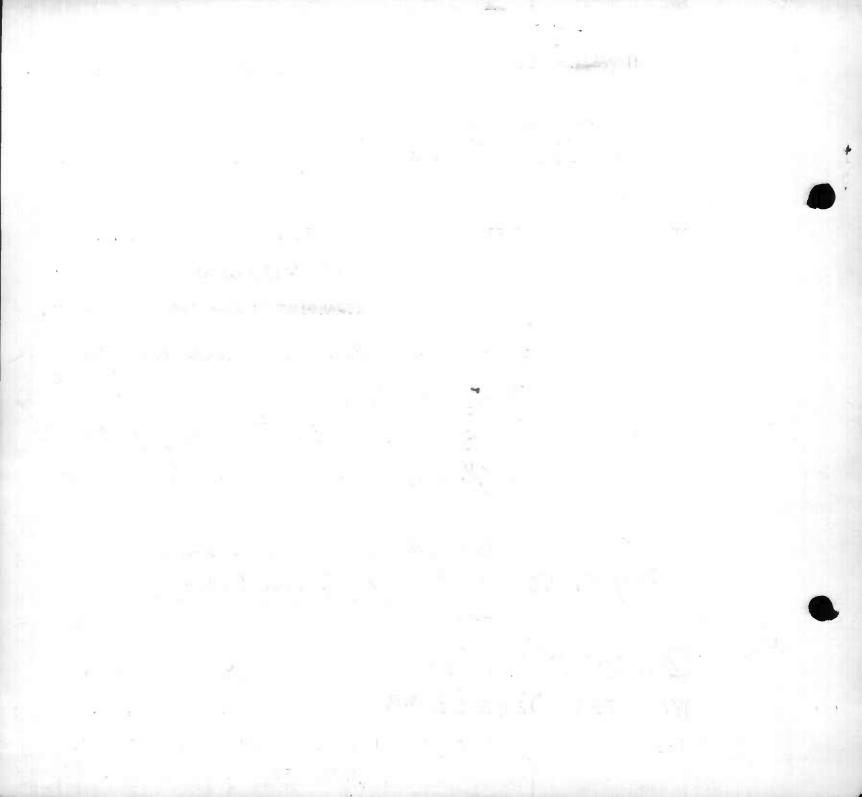


FUNERAL DIRECTOR: IMPORTANT

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19A-DATE OF OPERATION   179E. CONDITION FOR WHICH OPERATION   20A. AUTOPST7 (Yes or No.)   20B. IF YES, WERE FINDINGS CONSIDERED   18A-CCIDENT WAS DEED   18A-CCIDENT WAS PERFORMED   18A-CCIDENT WAS DEED	TO THE DEATH BUT NOT THE TOTAL	RIBUTING			1
198. CONDITION FOR WHICH OPERATION   20A. AUTOPST? (Yes or No.)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?    21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (if in Boilimere City, give exact location) home, form, foctory, sheet, office bidg.   INJURY OCCUR?    21D.TIME (Month) (Doy) (Teod) (How)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?    21D.TIME (Month) (Doy) (Teod) (How)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?    21D.TIME (Month) (Doy) (Teod) (How)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?    21D.TIME (Month) (Doy) (Teod) (How)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?    21D.TIME (Month) (Doy) (Teod) (How)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?    21D.TIME (Month) (I) (this hospital) attended the deceased from	IDISEASE OR CONDITION GIVEN IN PART 1	(A).	Giparella	***************************************	a noveks
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JUN 23 1910 Julie 258 NAME OF REGISTRAR NUTTER FUNERAL HOME 30 35 W. NORTH A	21D.TIME (Month) (Doy) (Teath (I) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) a that (I) (we) last saw the deceased and hour and from the causes stated 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMATION, 24E. DATE REMOVAL (Specify)	Hour 21 & INJURY OCCURRED  While At	21f. HOW DID INJU	9 Zc_to_ t in (my) (601) opl	prior death occurred on the date  238. DATE SIGNED  Jecus 16, 420  Secus 16, 15, 16, 19, 20  Iy, town, or county) (Stole)
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VS 150-REV. 1/1/68



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

No  $\Box$ 

ADDRESS

BETWEEN ONSET AND DEATH

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BIRTH NO.  1. NAME OF DEC (Type or Print)					AND HOUR OF DEATH					
3. PLACE IN BAL	TIMORE MARYLAND, W		UNCED DEAD	I M. JIMIL B. CO	here deceased lived. If in	5:10 ]	P M			
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC.	AL OR INSTIT	TUTION, GIVE STREET	c. CITY OR TOWN	D. INSI	DE CITY LIMITS?	1			
37	Mercy Hospi	tal		Baltimore E. STREET AND NUMBER		YES X NO				
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	on St. Apt.2A	If Under 3 Vi. If Hader 2	A M.			
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IOA. USUAL OCCI	UPATION (Give kind of work working life, even if retired) Retired	108, KIND O	F BUSINESS OR INDUSTRY	Virginia	oleign country)	U.S.A.	JNTR			
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME					
	Charlie Jones				Ida Walker					
5. Was Deceased Yes, no or unknown	Ever in U. S. Armed For	ces? s of servicel	1 6. SOCIAL SECURITY NO.	17. INFORMANT	- recerTVeT	ADDRESS				
No			224-14-0575	Arthur Jones	1240 P	arkton Street				
OTHER SIGNIFITO THE DEAT	OR CONDITIONS, if obave cause (A) CONDITION last.  Il  ICANT CONDITIONS COINTIONS COINTIONS COINTIONS TO THE CONDITIONS COINTIONS COINTI	stating the	(c) Using	A CONSEQUENCE OF:	1	7da	48			
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23C. PHYSICIAI NAME (Ty	JONGE 12	on.	PEGMEE	MERCY 1	Hospital	BAC. H	d			
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Removal	(0-21-		ar Mount Churc	h Cemetery I	awrenceville,	Virginia	~			
JUN 23 1	970 Pales E	25 NAME O	APARISTRAR	Arlington S.	R	ADDRESS 1727 N. Monroe	e S			
5 150-REV. 1/1/6	9			975- 7	- F-					

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IMPORTANT

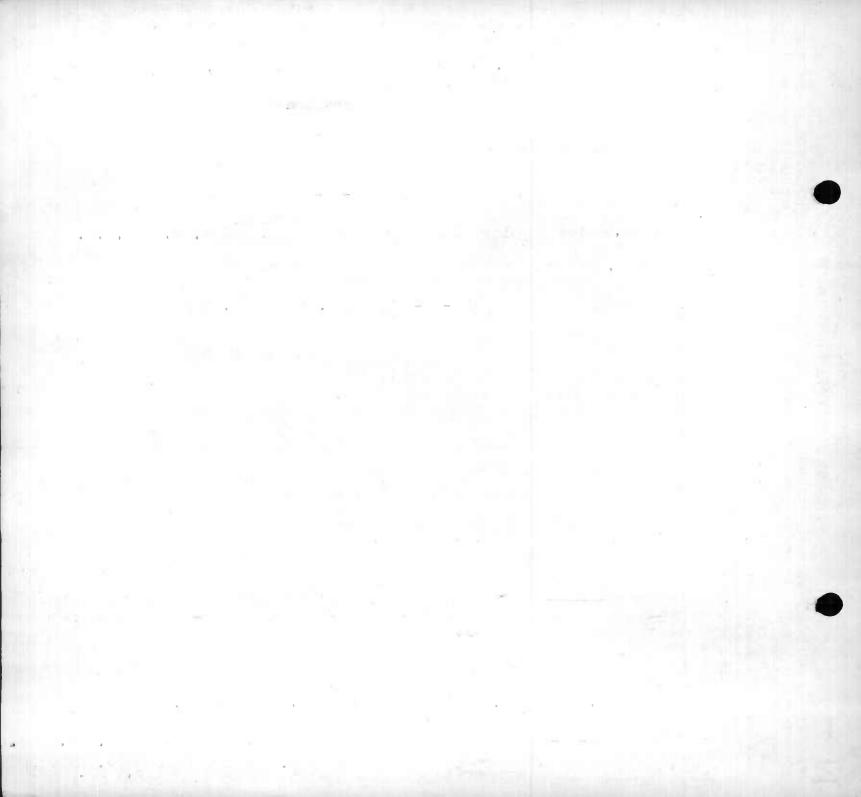
DIRECTOR:

FUNERAL

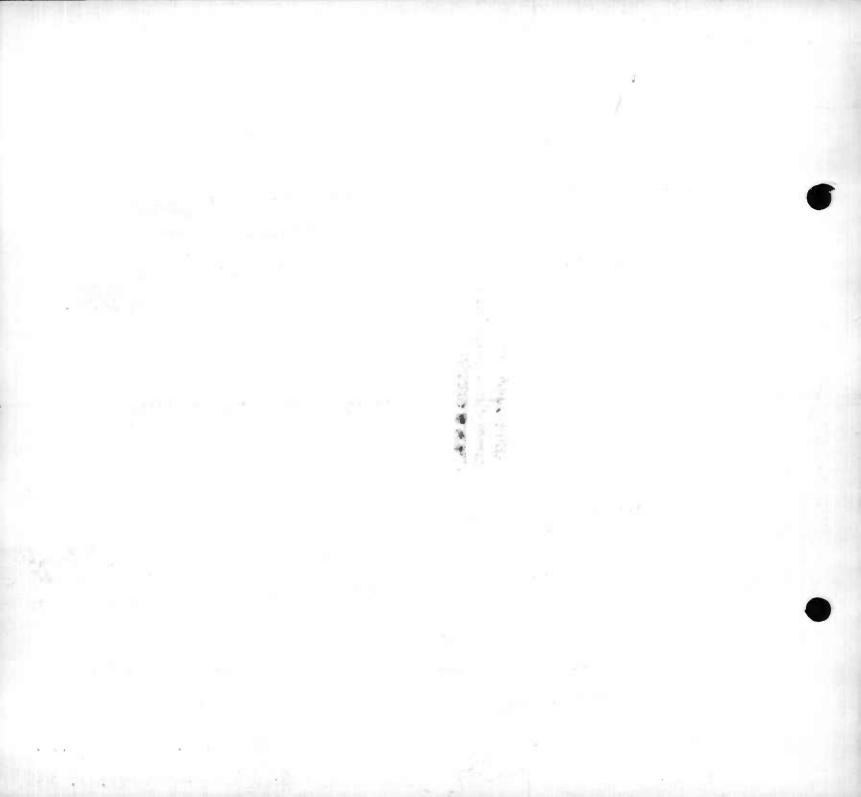
VS 150-REV. 1/1/65

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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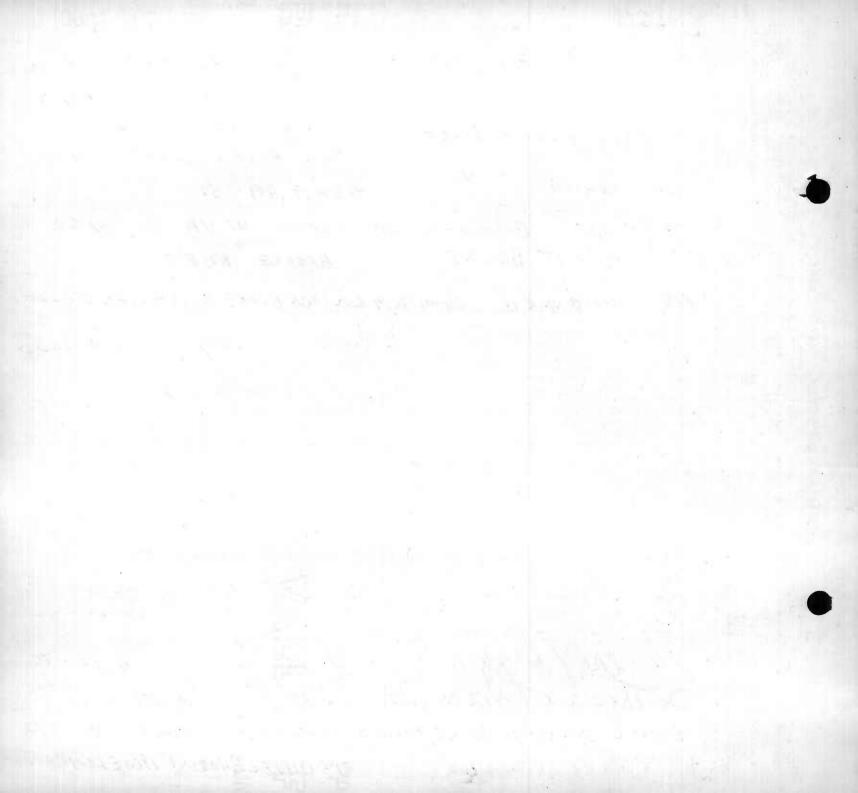
b	1-11	15		BALTIMORE CITY	HEALTH DEP	ARTMENT		MO		
BIRT	H NO.	0 70	6378	8 CERTIFICA	TE OF [	DEATH	REG. NO	//U	6378	
	AME OF DEC	EASED				2. DATE AN	D HOUR OF DEATH			
	e or Print)		11 H.			Jun		0	11:00 P .N	
3. F	LACE IN BALT	TIMORE, MARYLAND, V	WHERE PRONO	UNCED DEAD	A. STATE	B. COUN	e deceased lived. If in TY	stitution; resid	dence before admission	
HO	L NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTIT ATION)	UTION, GIVE STREET	Maryl c. Cliv on Ic		D. INS	IDE CITY LIMI	27/2 TS?	
1	0 70				Balti E. STREET AN			YES (	NO 🗌	
	50	303 Kenmore	Road			Kenmor	e Road			
٠ \$		6. RACE	7- MARRIED	NEVER MARRIED	B. OATE OF B	RTH	9. AGE (In years lost birthdoy)	If Under 1 Months: De	Yr. If Under 24 Hrs	
	M	W	WIDOWED		9-21-	1898	71			
		JPATION (Give kind of wor working life, even if retired)	108, KIND 0	F BUSINESS OR INDUSTRY	11. BIRTHPLA	Maryla		12. CITIZEN	OF WHAT COUNTR	
		Executive	Clo	verland			Balto . Co .	U.S	5.A.	
	Lesli	e W. Baker			Am	y Hersh	ner			
5. \	Wos Deceosed	Ever in U. S. Armed Fo.	rces?	1 6. SOCIAL	17. INFORMAN	~		A	DDRESS	
ies	Yes	Ilf yes, give wor or dote	es of service)	214-01-8415	Mne	Thelms	W. Baker		Same	
	1B. / ()	46.44 7		CAUSE OF DEATH		TITATING	W. Daker		APPROXIMATE INTERVAL	
	DISEAS	E OR CONDITION DI	RECTLY		2		,	BET	WEEN ONSET AND DEATH	
		LEADING TO DEATH	WEG IEI		- N/V	1, 21 : 21 6	LIYPY	1/2	-8 Weiks	
		ol mean the mode of				CE OF:	71111			
		osthenio, etc. Il meons		,		01.				
injury ar complication which coused deofh.)										
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving  DUE TO, OR AS A CONSEQUENCE OF:									
		R CONDITIONS, if		NCE OF:						
		CONDITION lost.	storing the	(c)						
		П		(~/						
ATION	TO THE DEATH	II  ICANT CONDITIONS CO  H BUT NOT RELATED TO T  ONDITION GIVEN IN PAI	THE TERMINAL						0	
	19A. DATE OF		IDITION FOR	WHICH OPERATION	20A. AUTO	PSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CO USES OF DEA	ONSIDERED ATH?	
0	OR CONTRIBU	TING CAUSE OF	21E hor etc.	B. PLACE OF INJURY (e.g., in	n or obout 21 C. fice bldg., INJU	WHERE DID RY OCCUR?	(If In Boltimor	e City, give e	xact location)	
9		medical examiner			0.25					
	OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED  Not While	21F. HOW DID INJURY OCCUR?					
	(APPROX.)		We	ork At Work						
	22. I certify	that (1) (this hospita	l) ottended t	he deceased from	11/11()-	1	9/2 to ()	1417	1970	
	that (I) (wa)	last sow the deceose	ed alive on_	V WIN I	19 70	, ond the	at in (my) (our) api	nion deoth	occurred on the dat	
				I) (was) (did not) v	iew the hadu		-			
L	23A. SIGNATU	-	A days.	·/ (===) (ata not) V	TOW THE DODY	arter deutn.		238, DATE :	SIGNED	
		116/1/2/2	15001		nding	Med.	Staff		0/1970	
	OC BUYELOUS	I WIN U	1/194	DEGREE Phys		Director L	Staff Phys.	12	0/19/0	
	NAME IT	pe)	/			O1. D	2 04			
	ALLEY CO.	Dr. Wal	-	Baetjer DEGREE			l Street			
4A	REMOVAL IS		24C. N	AME of CEMETERY or CRE	MATORY	24D. LC	OCATION (C	ity, town, or c	ounty) (State)	
B	urial	6-23-	70 Dr	uid Ridge Ce	metery	Pi	kesville,	Balto	o. Co. Md	
5A	DATE REC'D	BY HEALTH DEPT. BE		DE REGISTRAR	Henr	RAL DIRECTOR	enkins & S	ons C	Address Md. 21212	
15 1	50-REV. 1/1/6	В			4	707 101	k Road Ba	ALUU .	FIG. CICL	
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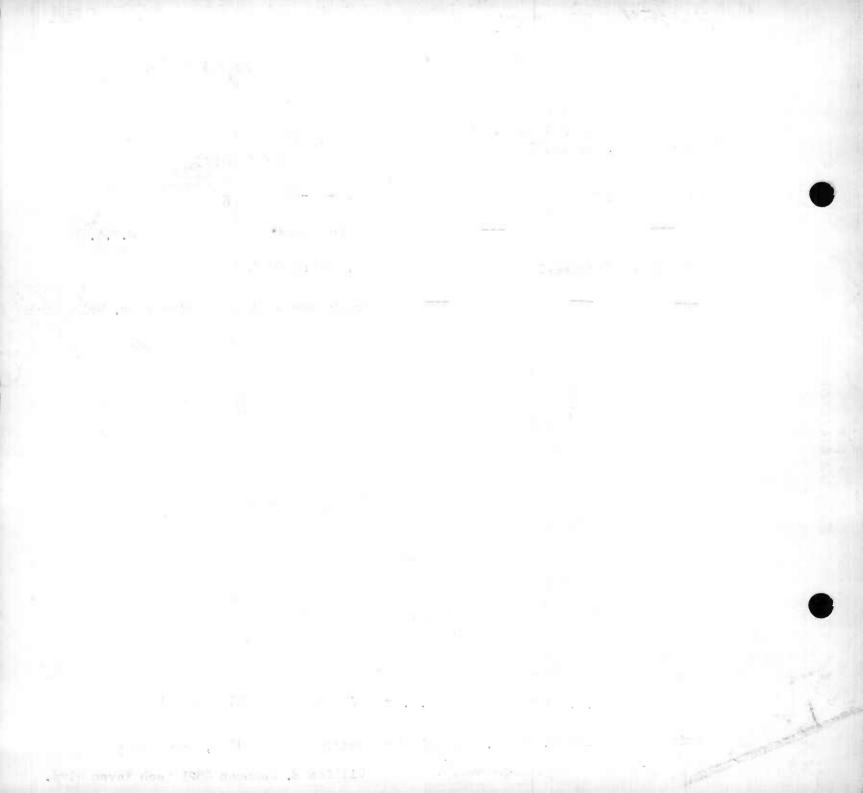
T /2 = 70 6379	BALTIMORE CITY	HEALTH DEPARTMENT	1	חליי	0000
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	70 (	6379
1. NAME OF DECEASED (Type or Print)  TROUTHAN, TERRY		2. DATE	NO HOUR OF DEATH	1	6 03 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE IW			
FULL NAME OF HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)		R FD  C. CITY OR TOWN HY ND H	11 HYND	SIDE CITY LIMITS?	, ENNS,
I minusity Hospital.		E. STREET AND NUMBER	, 14	YES	NO[]/3
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	II Hadas 1 Vs	. If Under 24 His.
HALE WHITE WIDOWED	DIVORCED	6-2-62	last birthdoy)	Il Under 1 Yr. Months Doys	Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BI	JSINESS OR INDUSTRY				
The state of the s		MaryLand	leigh country)		F WHAT COUNTRY
Str deut.		XXXXX	I had by		USA
CAPI TROUTIANS		14. MOTHER'S MAIDEN N.	TIODDOTI	ode	
CARL TROUTHAN.		1+ AS	SELRODE	T7	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give war or dotes of service)	SOCIAL	17. INFORMANT		ADDI	RESS
was distance of doies of selfitse)	SECURITY NO.	Carl Troutm	n Connic		
3 3	SCAUSE OF DEATH		arr, corres	'CTIATTE	, riu ,
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, size to the obove cause (A) stoling the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994. DATE OF OPERATION 1998. CONDITION FOR WHICH CAUSE OF DEATH (notily medical examined)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examined)  21D. TIME (Month) (Day) (Year) (Hour) 21E, INJ OF INJURY	CH OPERATION  CE OF INJURY (e.g., in one, foctory, street, offi	20A. AUTOPSY? (Yes or Note bidg., INJURY OCCUR?	e four of	FINDINGS CONS. USES OF DEATH:	7
(APPROX.) 700 While A	Not While	N Taca	ucae exper	non of	Justen
22. I certify that (I) (this hospital) attended the d		5-?	19 70 to	6 = 10	12
that (I) (we) last sow the deceased alive an	6/19/20	4 .			19 (0)
	17		ot in(my) (our) api	nian deoth accu	urred on the dote
ond haur and from the couses stated abave. (I) (W	e) (4fd) (did nat) vi	ew the bady after death.			
Seviyon Thenosoph	Atten Phys.	ding Med.	Staff Phys.	23B DATE SIGN	7 70
23C. PHYSICIAN'S NAME (Type)  Planting plan.  24A. BURIAL CREMATION, 124B. DATE  124C. NAME	OEGREE 23	BD. ADDRESS	writy!	Hospital	
REMOVAL (Specily)	OI CEMETERY OF CREA	AATORY 24D. L	OCATION (Ci	ly, town or county	(Stote)
	orter Ceme		ndman, Pa.	Bedford	Co., Pa
JUN 23 1971 Tale & Vale R	GISTRAR	25C. FUNERAL DIRECTO	•	ADI	DRESS
The second of Manbey A	O <sub>g</sub>	Harvey H.	Zeigler, H	lyndman.	Pa. 1554



0 100	BALTIMORE CITY	HEALTH DEPARTMENT		200
BINTH NO. 70 63	80 CERTIFICA	TE OF DEATH	REG. NO	70 6380
1. NAME OF DECEASED (Type or Print)	FRANK	BRAKE JUN	E 22 19	70 2: A M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONO UN CED DEAD	4. USUAL RESIDENCE (Where	e deceased lived. If in	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR IN ADDRESS OR LOCATION) INSTITUTION	ISTITUTION, GIVE STREET	MARY LA	MD D. INSI	IDE CITY LIMITS?
002216 ESSEX	STREET	E. STREET AND NUMBER	EK STR	YES IN NO D
5. SEX   6. RACE   7. MAD			AGE (In years	
MALE WHITE WIDO	NEVER MARRIED DIVORCED		ost birthday	Months Days Hours Min.
tOA. USUAL OCCUPATION (Give kind of work 108, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. 8IRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
	TH STEEL CORP	ELKINS 1	WVA	U.S.A.
ROBERT BR	AKE	BESSIE		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
YES WORLD WAR II	2211-41-2289	LUCIMOA BRAI	KE 2216 B	ESSEX STREET
18.	CAUSE OF DEAT	1		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	16	M. A. //		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	SE	lug	4 mis
(This does not mean the mode of dying, heart failure, asthenio, etc. It means the disc	e.g., DIJE TO-OR AS	A CONSEQUENCE OF:	, ,	7
injury or complication which coused death.)	10	1 1 bloto	tu	
ANTECEDENT CAUSES	(8) (II)	soul ofker	1 ans	
DISEASES OR CONDITIONS, if ony, gi	3	A CONSEQUENÇE OF:		
UNDERLYING CONDITION lost.	(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	************	20 A. AUTOPSY? (Yes or No)	208 IS VEC 14555	EINDINGS CONSIDERS
199. CONDITION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING	OK WHICH OPERATION	ZUM. AUTOPSTY (Tes of No)	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	21B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltimor	e City, give exact location)
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)	home, form, factory, street, of etc.)	fice bldg., INJURY OCCUR?		,, , , , , , , , , , , , , , , , , , , ,
2 21D.TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F, HOW DID INJU	JRY OCCUR?	
S OF INJURY (APPROX.)	While At Not Whil			
	Work At Work	13/19	17 1	70
22. 1 certify that (I) (this hospital) attend	ed the deceased from		96/10	19.
that (1) (we) last saw the deceased alive			it in (my) (aur) apli	nian death accurred on the date
and hour and fram the causes stated obov	e. (I) (We) (did) did not)	iew the body after death.		
23A. SIGNATURE	211/ 1/X AHO	nding Med.	Should I	238. DATE SIGNED
product ny	DEGREE Phys	Director L	Staff Phys.	6-22-70
NAME LIPE	1 11	23D. ADDRESS	-1	-
Dr Theopore 1.1	12 NIKURGEE	427 5.	Ches	Tersi.
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)			CATION (Ci	ty, town, or county) (State)
BURIAL JUNE 251970	BURKE CHURC		Tronsvice	E W VA.
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	00 -	1800 ELOMBARDST.
JUN 23 19/19 UGBER & Jack	Les ASD	THE DIPPEC	BROSING !	1800 E LOMBARDST.
VS 150-REV. 1/1/68	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW			

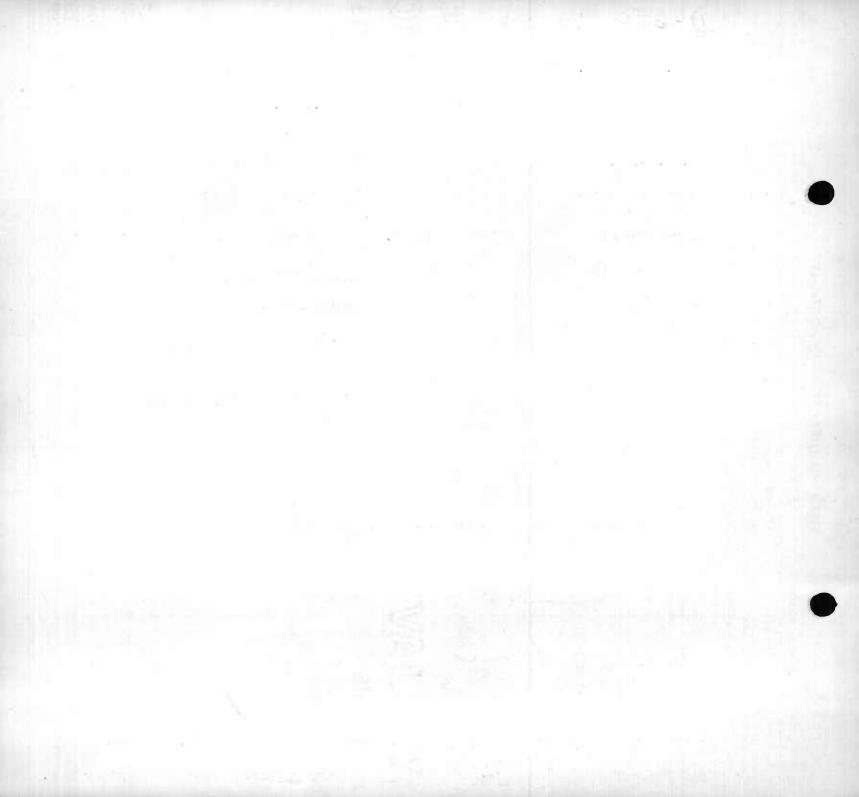


(Type or Print)	3/ 1/1/10		RACANELLI		ND HOUD OF DEAT	1/11/1/1/2	29,0
	SALTIMORE, MARYLAND,		DUNCED DEAD	4. USUAL RESIDENCE (Who	***	institution: residence	before odmission)
HOSPITAL OR	ADDRESS OR LO	PITAL OR INSTI	TUTION, GIVE STREET	NEW JERSEY		V-1	7
	JOHNS HOPKIN				D. IN	ISIDE CITY LIMITS?	
33BALT	IMORE, MD 21	205		BRICKTOWN E. STREET AND NUMBER 328 HERITAG	E DRIVE	YES X N	0 📗
MALE	6. RACE WHITE	WIDOWED		8. DATE OF BIRTH 06-19-64	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys	If Under 24 Hrs.
lone during most	CCUPATION (Give kind of w of working life, even if retired	1) 108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE   Stole or fore New Jersey	ign country)	12. CITIZEN OF W	HAT COUNTRY
3. FATHER'S N	AME			14. MOTHER'S MAIDEN NA	ME	3,000.0	
FRAN				ESTELLE GAN	N		
5. Wos Deceo: les, no or unkno	ed Ever in U. S. Armed F wn) (If yes, give wor or do	forces? otes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRES	3
No	******		SECORITI NO.	Frank Racanell	1 328 Harit	are Dy Dad	ole Masses
injury at c	ASE OR CONDITION E LEADING TO DEATH not mean the mode of e, osthenia, etc. If mear omplication which cause ANTECEDENT CAUSE	H of dying, e.g., ns the disease, ad death.) ES	DUE TO, OR AS A	CONSEQUENCE OF:		***************************************	
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DISEASES rise lo UNDERLYI  OTHER SIGN TO THE DE DISEASE OR TIPA-DATE OF CONTRI DEATH Inot 21A. ACCIE OR CONTRI DEATH Inot 21D. TIME OF INJURY IAPPROX.)  22. I certif that (!) (we ond haur a 23A. SIGNAT	LEADING TO DEATH  not mean the mode of e, esthenia, etc. It mean omplication which cause ANTECEDENT CAUSE  OR CONDITIONS, if the abave cause (ANG CONDITIONS IS ANTECEDENT CAUSE (ANG CONDITION TO THE CONDITIONS CONDITION GIVEN IN PROPERTY OF OPERATION 198. CONDITION (AND TO THE CAUSE OF IT OF OPERATION) (Month) (Doy) (Year of the Condition of th	Hof dying, e.g., as the disease, ad death.)  ES  any, giving the disease, and death.)  ES  ONTRIBUTING THE TERMINAL ART 1 (A).  NOTION FOR REFORMED  ON (Hour) 21E, who would be dead allowed and address the disease and dise	(B) DUE TO, OR AS A DUE TO, OR	20A. AUTOPSY? (Yes or No NO Or obout 21C, WHERE DID in JURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  A CONSEQUENCE OF:  20A. AUTOPSY? (Yes or No	PLOTE ()  208. IF YES, WERE IN CERTIFYING CA  (If In Boltimo  URY OCCUR?  9	FINDINGS CONSIDERUSES OF DEATH?  Inlan deoth occurre	3 ) Esp.



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

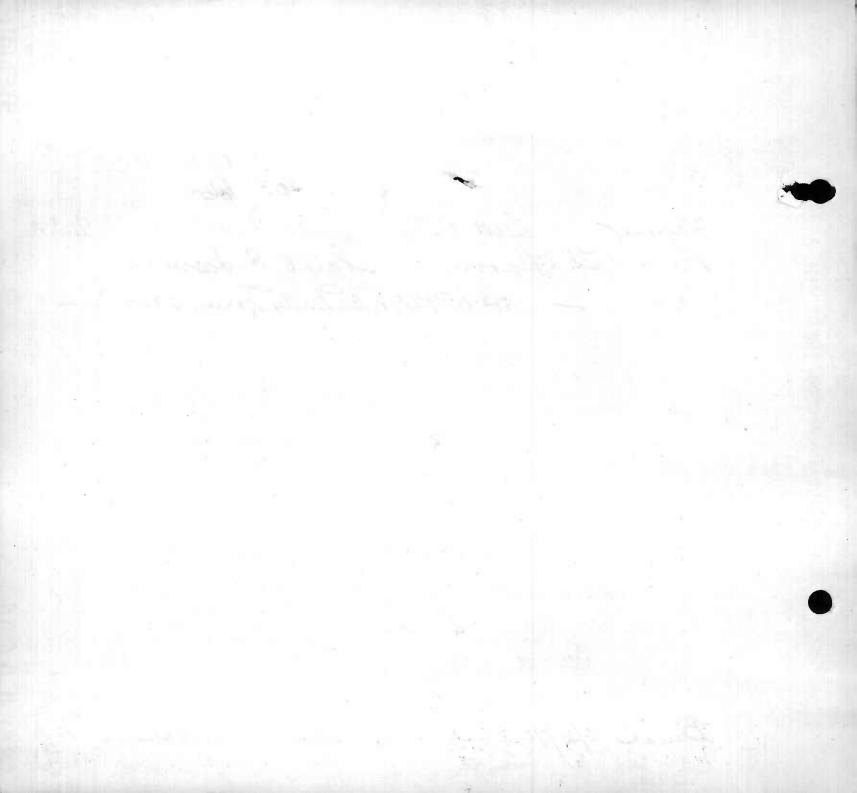
1 / 5	=/) ==		BALTIMORE CITY	HEALTH DEPARTMENT		70 6282
1) - 60	70	6382	CERTIFICA	TE OF DEATH	REG. NO	10 020%
IRTH NO.		0000	02/(11/10)		ID HOUR OF DEAT	ru .
Type or Print)						1
	llian G. Durm		CED DEAD	I A LISUAL PESIDENCE (When	22, 1970	f institution: residence before admission)
, ILACL IN DAL	MARIERIU, W	HERE PROMOGN	CED DEAD	A. STATE B. COUN	TY	A F 1: F-
ULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPIT AODRESS OR LOCA	AL OR INSTITUT	ON, GIVE STREET	Balte. Md.	D. IN	NSIDE CITY LIMITS?
42				Baltimore E. STREET AND NUMBER		YES NO NO
S. B. G	. н.			1349 Cambria S	Street	
SEX	6. RACE	7- MARRIED	NEVER MARRIED		9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
Female	White	WIDOWED	DIVORCED	March 3, 1889	last birthday)	Manths Days Haurs Min.
	UPATION (Give kind of work working life, even if retired)	10B. KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	ign country)	12. CITIZEN OF WHAT COUNTRY?
etited o		Polan	& Katz Co.	Maryland 14. MOTHER'S MAIDEN NA	AA E	U. S. A.
· (Alliek 3 RA	1V1 L			14. MOTHER S MAIDEN NAT	NIE.	
Charle	s Della			Unknown		
. Was Deceased	Ever in U. S. Armed For	ces?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	, 50, 9.10 1101 01 0010	2. 00.11001	JECOKIII NO.	77- 12 0		
No 1B. // /	77 - 31		CAUSE OF DEAT	Family - Same		APPROXIMATE INTERVAL
rise to th	OR CONDITIONS, if e obove couse (A) G CONDITION lost.	sloting lhe	(c)	A CONSEQUENCE OF:	••••••	
TO THE DEAT	FICANT CONDITIONS CO TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR	HE TERMINAL				
19A. DATE OF	OPERATION 198. CON	FORMED	IICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING DITING CAUSE OF medical exominer	21 B. Pi home, etc.)	ACE OF INJURY (e.g., i form, foctory, street, a	n or about 21 C. WHERE DID INJURY OCCUR?	(If in Baltin	nare City, give exact lacation)
21 O. TIME	(Month) (Day) (Year)	(Hour) 21 E. 11	NJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
OF INJURY		While		e 🔲 .		
		Work	At Work	100	10 1	
22. I certify	that (1) (this hospital	<u>) attended the</u>		eignet 2"	19 67 ta	· 1970.
that (I) (we)	last saw the decease	d alive an	June 6	19 <u></u>	at in (my) (aur) a	pinian death accurred an the date
and haur and	d fram the causes stat	ed abave. (I)	We) (did) (did nat)	riew the bady after death.		
23A. SIGNATU						23B. DATE SIGNED
ma	ru 6. E	Down		ending Med.	Staff	6-22-70.
23C. PHYSICIA	N'S MARIO	2 F. C	OM AS	s. Director La	Phys.	600
NAME (T	yper / //y / / O		( ' ( ) "	203 E.	ratapsc	e aux.
4A. BURIAL CRE	MATION, 248. DATE Specify)	24C. NAM	DEGREE NE of CEMETERY of CR	EMATORY 240. Le	OCATION	(City, town, or county) (Stote)
В	6/25/7	O Glar	Haven Cemei	Gle Gle	n Burnie,	Maryland
JUN 23	STO ROBERT E.	298. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR		ADORESS
S 150-REV. 1/1/	6B			I MCCHITY FUNA	Lai Dome S	37 Patapsco Ave.

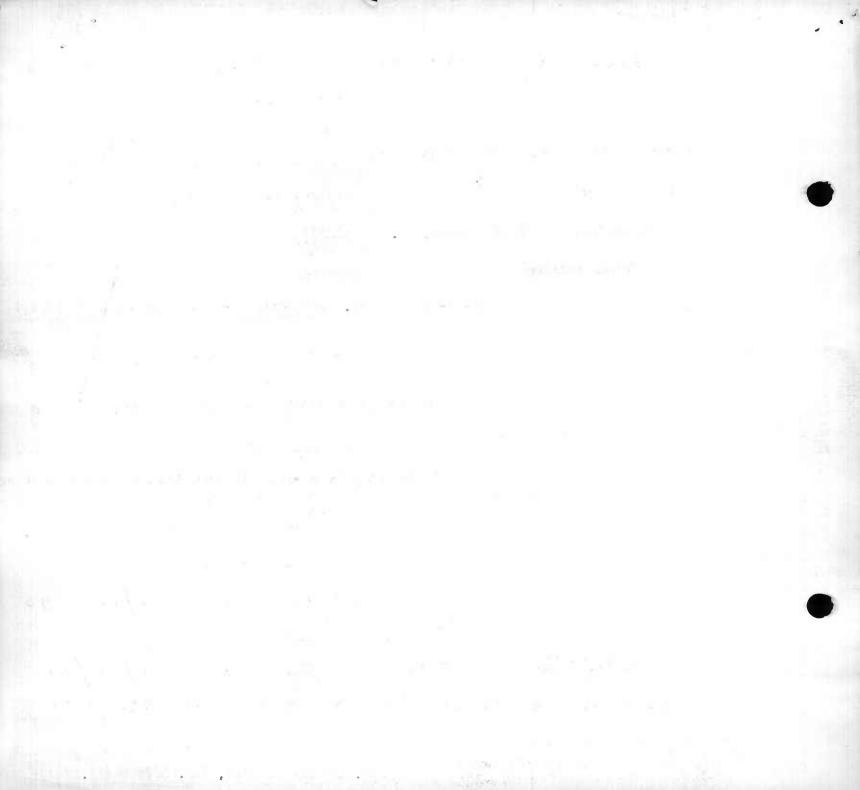


IMPORTANT

FUNERAL DIRECTOR:

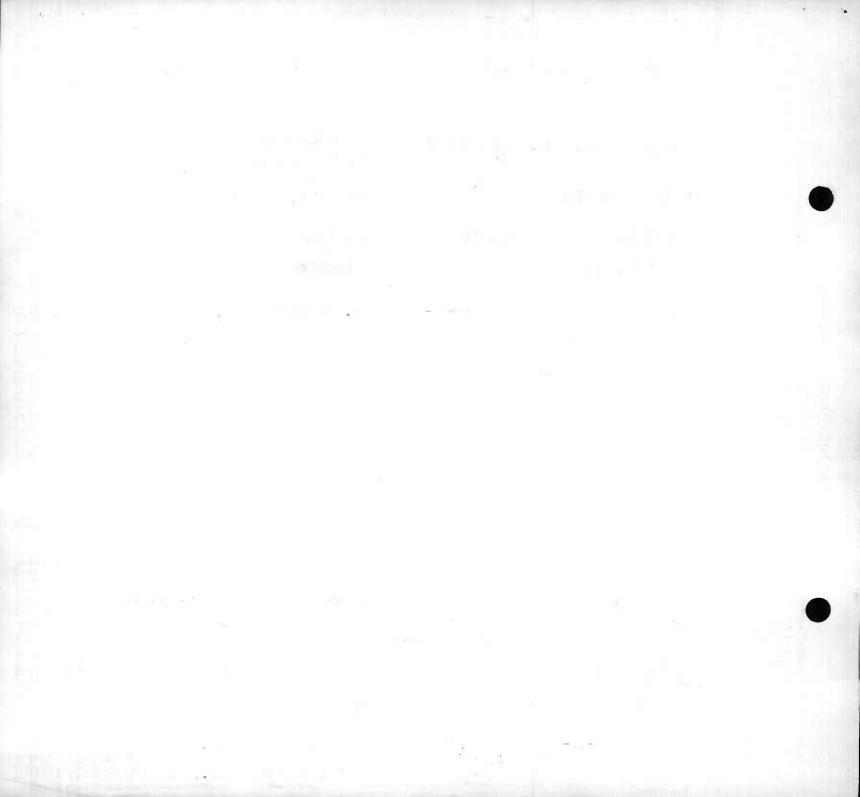
BALTIMORE CITY HEALTH DEPARTMENT





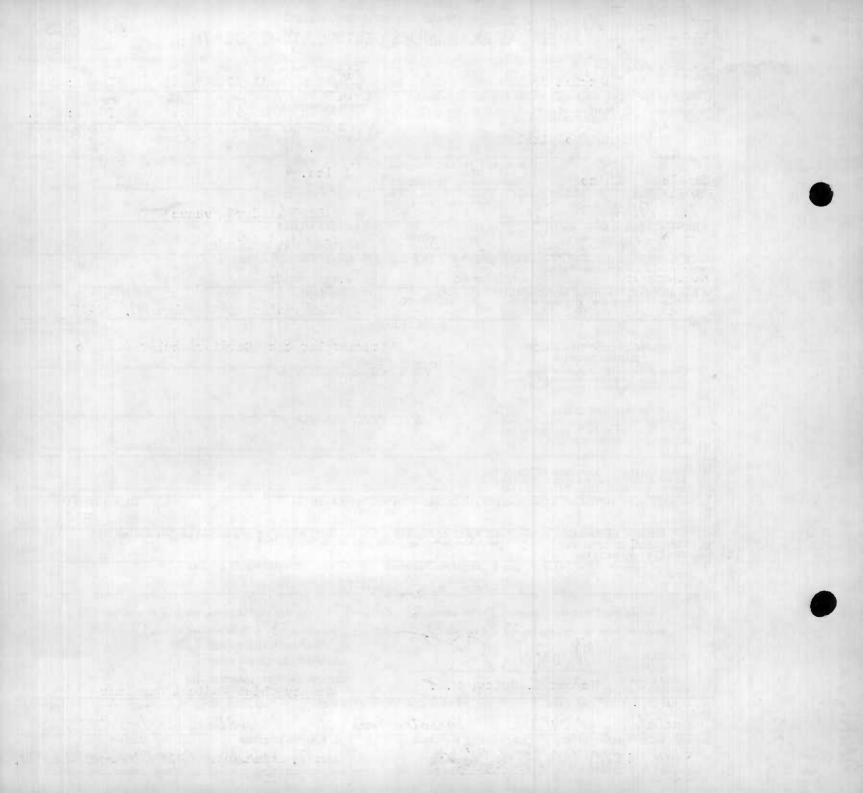
						ł.	1
	in a hospital and	ig cause of death	guse; (5) Deceased	attendance on the	or to death. Such		1 1 1 C C C
)	occurred	ntributir	rmined	equiar	used pri	s made.	i jes
	death a	t or co	Undete	as in r	e dece	sition is	ī
	Istant it	he direc	cind; (4)	death w	ce on th	nal disp	100
	Ints contricate must be approved by the chief medical examiner or his assistant it death occurred in a hospital and	ie body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made,	The state of the s
	MITTEGATE	dy was	(1) An c	O.A. at	sed prior	n appro	2
	Inis ce	the bo	shows	was D.	deceas	writter	2

X E1/2 WO =-	BALTIMORE CIT	Y HEALTH DEPARTMENT	70 \$-05
D-543 70 63	85 CERTIFICA	TE OF DEATH REG. NO	70 6385
1. NAME OF DECEASED		2. DATE AND HOUR OF DEAT	u
(Type or Print) MORRIS DONA	LD	1 2 - 1 - 1	AM M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUN CED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION GIVE STREET	MARYLAND	11100
HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET		ISIDE CITY LIMITS?
1 = 1 = 1 = 2 = 21	10000	BALTIMORE	YES NO
SINAI HOSPITAL	7 BALIO.	E. STREET AND NUMBER 4835 Reisterstown	Rd.
5. SEX 6. RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	Il Under 1 Yr If Under 24 Hrs.
	OWED DIVORCED	8/15/18 81	Manths Days Haurs Min.
tOA. USUAL OCCUPATION (Give kind of work 108, KI dane during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MERCHANT	RETAI L	POLAND	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	do/\
ISRAEL DONALD		UNKNONW	
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give war ar dates of se	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO	216-32-8570	MRS. REBECCA DONALD, 4835	DETCTEDCTOWN DOAD
18.44 65-7 41	CAUSE OF DEAT	H	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	APTIER	OSCLEROTIC VASCULAR	DISCALE
LEADING TO DEATH	(A) IMMEDIATE CAL		Years.
(This does not mean the mode of dying, heart failure, asthenia, etc. 11 means the di		A CONSEQUENCE OF:	
injury ar complication which coused death.			
ANTECEDENT CAUSES	(8)		
DISEASES OR CONDITIONS, if any,		A CONSEQUENCE OF:	***************************************
rise to the obove cause (A) stating UNDERLYING CONDITION last,	(c)		
11	/0/************************************		***************************************
O OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING	ALLES AND THE SECOND	ared .
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).		OVASCULAR INSUFFICIE	Yeus.
198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i hame, farm, factory, street, a	n ar about 21 C. WHERE DID (If In Baltimo	are City, give exact lacation)
DEATH (natify medical examiner)	elc.)	1.00 S. C.	
21D. TIME (Month) (Day) (Year) (Haur	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Wark Not While At Wark	e 🗍	
22. I certify that (this hospital) atten			21.70 19
that (we) lost saw the deceased alive	on 621.70		
and hour and from the causes stated abo		19and that in (**) (our) op	inian death occurred an the dote
23A. SIGNATURE	ve. iii) (ne) (did) ( <del>sie noi)</del> -V	lew the bady offer death.	23B, DATE SIGNED
make la de	Atte	nding Med. Staff Director Phys.	1 - 1
Z3CPHYSICIAN'S		Med. Staff Director Phys. 223D. ADDRESS	6.21.70
NAME (Typel			
M. BODENHEIME	DEGREE	SINAI	
REMOVAL (Specify)	4C. NAME of CEMETERY of CRI		ity, town, or county) (State)
	HAR SINAI BENEVO	LENT SOCIETY ROSEDALE, MAI	RYLAND
25A. DATE REC'D BY HEALTH DEPT. 25B. N.	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
TON OF SIGNOWED EN ASSET	and the same	SOL LEVINSON & BROS., 601	TU KEISTEKSTUWN KUAU



	1 -1-1	BALTIMORE CITY	HEALTH DEPARTMENT		
	V-5 44 IRTH NO. 70 6386	CERTIFICA	TE OF DEATH	REG. NO	70 6386
	YPE OF PRINT PAN LILL		11.	D HOUR OF DEATH	F 2. A
	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived If in	stitution: residence before admission)
	ULL NAME OF (IF NOT IN HOSPITAL OR IN: IOSPITAL OR ADDRESS OR LOCATION)		A. STATE B. COUNT	# Ty	2531
	3 BON SECOURI	HospitAL	E. STREET AND NUMBER	Ja Re	YES NO
E	SEX 6. RACE 7. MARRI WIDOW	ED NEVER MARRIED DIVORCED	8. DATE OF BIRTH	AGE (In years ast birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
alsposition is	OA. USUAL OCCUPATION (Give kind of work 10B, KIND one during most of working life, even if retired)		11. BIRTHPLACE (Stale & foreign	in cauntry)	12. CITIZEN OF WHAT COUNTRY?
S I	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	\E	U-17.
S C	John Fink		magas	10	10770
1115	. Was Deceased Ever in U. S. Armed Farces? es,no ar unknown) (If yes, give wor ar dales of servic	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Re/ w	ADDRESS
	18. 4 9 / / 1	CAUSE OF DEATH	y Don Secoure	SHOSPITAL	2025 W EgeThes
Jo De	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		motostatic	en. DBott	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
EBB	(This does not mean the made of dying, e heart failure, asthenia, etc. II means the disea injury or complication which caused death,)	(A) IMMEDIATE CAU DUE TO, OR AS A	SE CONSEQUENCE OF:		3.
E	ANTECEDENT CAUSES	CA B	recst. (2)		
9 8	DISEASES OR CONDITIONS, if ony, givinise to the above cause (A) stating	ing (8)	A CONSEQUENCE OF:	# 0 <del>10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</del>	PRO 000000000 00000000000000000000000000
S I	UNDERLYING CONDITION last.	(c)			.0070
remai	: IO THE DEATH BUT NOT RELATED TO THE TERMINA	G AL			
e The	19A-DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No.)	20B. IF YES, WERE F	FINDINGS CONSIDERED JSES OF DEATH?
Dero	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21& PLACE OF INJURY (e.g., in home, form, factory, street, off etc.)	ar obout 21 C. WHERE DID	(If In Boltimore	e City, give exoci lacotion)
MEDICAL DETOTE	(APPROX)	While AI Work  Not While Work  At Work		RY OCCUR?	
land	22. I certify that (I) (this haspital) attended	d the deceased from	6/20 19	70 to	6/22 19 70
90	that (I) (we) lost sow the deceased alive of	6/3/	19 70 and the	t in (my) (our) opin	nian death accurred on the date
15	and hour and from the couses stated above	. (I) (We) (did) (did not) vi	ew the body after death.		
E C	23A. SIGNATURE	Atte	nding Med. S		23B. DATE SIGNED
	Mayune Khongchava	After Phys.	Director P	hys.	6/22/70
0	INVINIE LIAbel			0 11	100
2	MAYUREE KHONGCHARDEN A. BURIAL CREMATION, 1248. DATE 24C.	NAME OF CEMETERY OF CREE	Bon Secours HO MATORY 24D. LO	spi baltin	ore Meryland
i i	BURIAL 6.24.70	NEW (ATHE	DRAL Z	PALTIMO	
	A. DATE REC'D BY HEALTH DEPT. 258. WAM	SOF REGISTRAR	Raymond C	Fink Fund Glen	erál Hölless Burnie, Md.
V:	150-REV. 1/1/68				

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Star Route, Hancock, nd.

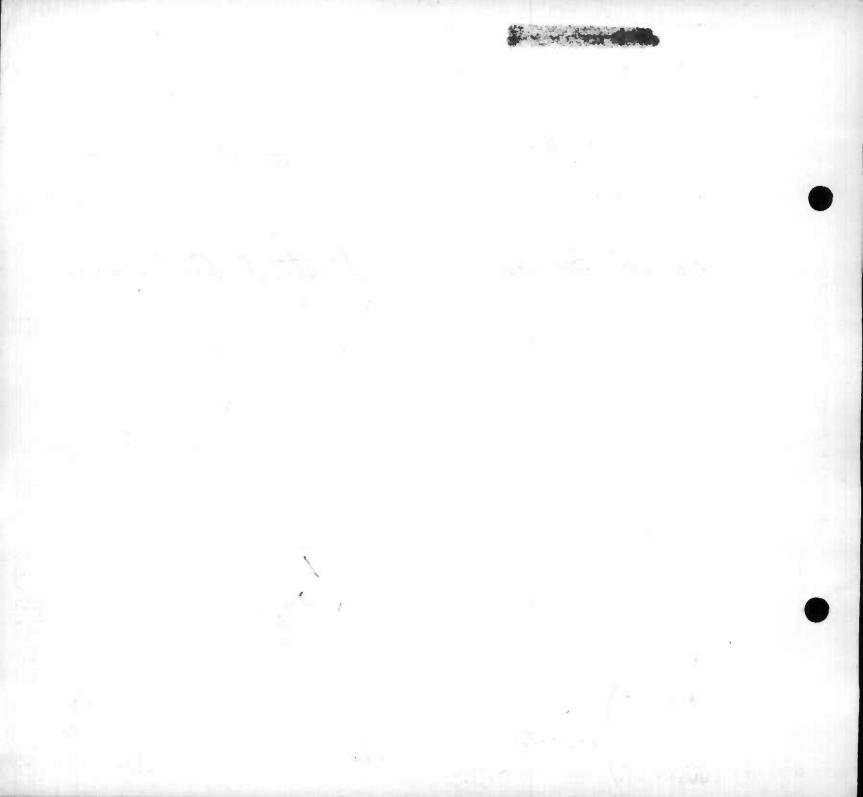
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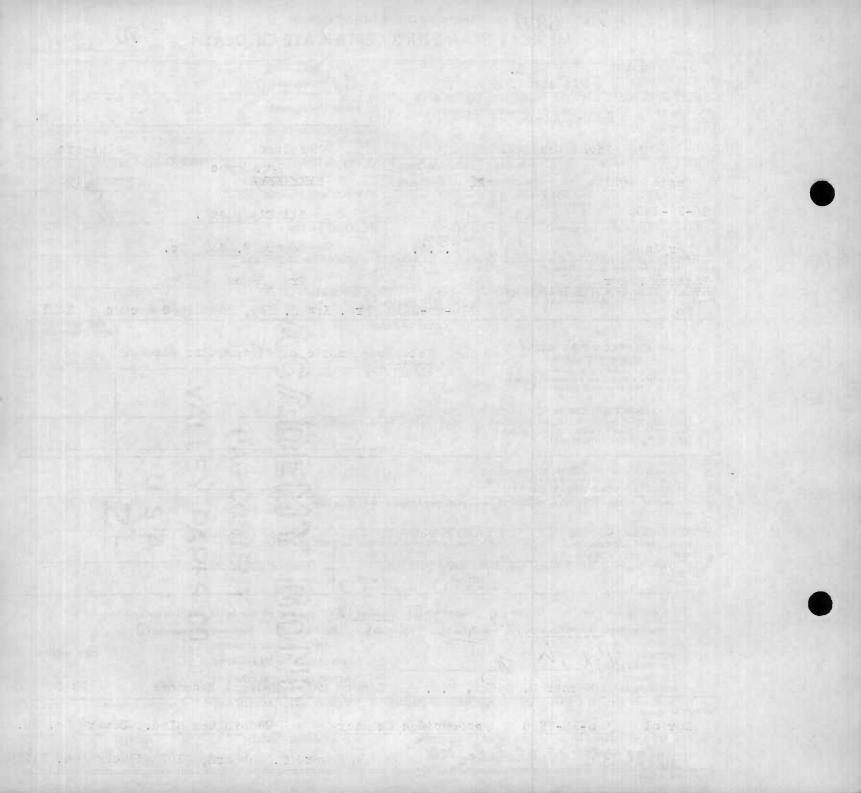
-	T-520	2 70	638	2()		TH DEPARTMENT	REG. NO.	70	6389
	RTH NO.	10-10458	000	CERTIFI	CATE	OF DEATH			
(Ту	pe or Print)	Balu	Boil	Thomas		·	ND HOUR OF DEATH	70	
3.	PLACE IN BALT	IMORE MARYLAND, W	HERE PROP	HOUNCED DEAD	4. U	UAL RESIDENCE (Whe	ino deceased lived. If i	institution; reside	nco before admission
FU	ILL NAME OF OSPITAL OR STIJUTION	(IF NOT IN HOSPITADDRESS OR LOCA	AL OR INS	TITUTION. GIVE STREET		3/9 E.  Y OR TOWN	24th st.	Balto.	Md 2/21
	38					210 D At.	more	YES 🔽	поП
2	Univer	rity of M	aryla	nd Hospita	E. ST	REET AND NUMBER	=. 24th s	+	120
5. 3	Male	6. RACE	WIDOWE		il J	ine 15,1970	9. AGE (In years lost birthday)	If Under 1 Y Months Doy	If Under 24 Hrs. Hours Min.
don	USUAL OCCU	PATION (Give kind of work orking life, even if retired)	10B. KIND	OF BUSINESS OR INDU	STRY 11. BI	RTHPLACE (Stoto or fore	gn country)		OF WHAT COUNTRY
						U.S.A.	Marylan	d	U.S.A.
13.	FATHER'S NAM	A A A			14. M	OTHER'S MAIDEN NA			
	Richar	d Willig	rms			Allried	a Thomas	1	
15. (You	Was Doceased	Ever in U. S. Armed Ford (If yes, give wor or dote:	es? of service	SECURITY NO.	17. IN	FORMANT	C. 7700 - 10	ADI	DRESS
	-125-4-6					Allriodo	Thomas	1 7	he same
	18. 77	6,71		CAUSE OF D	EATH	110/	,	API	PROXIMATE INTERVAL
		OR CONDITION DIR	ECTLY			n 1	1-1-	PEIM	EEN ONSE! AND DEA!
	1	EADING TO DEATH		(A) IMMEDIATE	CAUSE	Respirator	y distress	Syncren	ie 2 das
	heart failure, a	t mean the mode of sthenia, etc. It means	the diseas	DUE TO, OF	AS A CON	EQUENCE OF:	/		
	injury or comp	lication which caused	deoth.)		0	1			
		NTECEDENT CAUSES		(8)	Pre	maturity			
Н	DISEASES OF	CONDITIONS, if	ny, givin	DUE TO, O	R AS A CON	SEQUENCE OF			*************************
	UNDERLYING	obove cause (A) CONDITION last	sioling II	(C)		V			
		11							***************************************
ON	OTHER SIGNIFIC	ANT CONDITIONS CON	TRIBUTING	3					
< 1	DISEASE OR CO	BUT NOT RELATED TO THE	1 (A).	***************************************					
RTIFIC	19A-DATE OF	OPERATION 198 CONE	NTION FOI			AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CON USES OF DEAT	ISIDERED H?
3	DEATH (notily n	WAS UNDERLYINO ING CAUSE OF	Inc	1B. PLACE OF INJURY (come, form, fociory, street)	t, office bid	INJURY OCCUR?	(If In Boltimo	re City, give exec	ct location)
800	OF INJURY	Month) (Doy) (Year)		E INJURY OCCURRED		21F. HOW DID INJ	URY OCCUR?		
	(APPROX.)		V	Vhile At D Not York At W	While				
	22. I certify t	hat (1) (this hospital)				0 15	0 70 4- 17	1140 117	10 7-
	that (I) (we) I	ast saw the deceases	olive on	Tune 117			9 +0 to		19 70
		fram the couses state					it in(my) (our) opi	nian death oc	curred on the dat
	23A. SIGNATUR	E	upave.	(i) (me) (did no	t) view th	body otter death.		loop = 1 == 2:=	Nes
		871 11	11	MA	Attending [	n Med.	Shoff CT	238, DATE SIG	INED
	23C. PHYSICIAN	opin - Wie	u H	Moreg DEGREE	Phys. L	Director L	Shaff Phys.	June	17,1970
	NAME (Typ	e) <2//i/	· 1 1	1	23D. AD	TIOARY TO	/M # 0 # ==		
244	BIIIDIAL CAS:	SH/14-W)	ENA	TUANG MARCO	REEANA	IUM YUBU	KU OF M	ARYLA	ND Hospil
24A.	BURIAL CREM REMOVAL (Sp	ATION, 248. DATE 6-23-7	O 24C, 1	NAME of CEMETERY of	JOH			AL SCI	ROL (Stote)
2SA	DATE REC'D' B	Y HEALTH DEPT.	SB NAME	OF REGISTRAR	250	FUNERAL DIRECTOR		ΑΑ	DDRESS
U	123 137	Robert E. Va	wey A	44	NI	RTUARY	SERVICE .	. BCHD	;
**	CA BELL 9 /9 // A			district the second				7 4 4 4 4	



0	2/2 , 70 6390		HEALTH DEPARTMENT		
	ATH NO.	70-1045 CERTIFICA	TE OF DEATH	REG. NO.	<sup>70</sup> 6390
	PAME OF DECEASED  PO STINITE O	a Pamo	2. DATE AN	HOUR OF DEATH	8:40 am
3.	PLACE IN BAUTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If insti	itution: residence before odmission)
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ASTITUTION, GIVE STREET	C. CITY OR TOWN	D INCID	E CITY LIMITS?
5	C/	0	Baltimo		YES X NO
50	university How	on t	E. STREET AND NUMBER	- Place O	3pl#7
Sp.	nale neard WIDO		6-18		Months Doys Hours Min.
10A don	USUAL OCCUPATION Give kind of work 108, KIN during most of working (%, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lore	gn country)	12. CITIZEN OF WHAT COUNTRY?
12			u-5.A		American
13.	Harald Barnes		14. MOTHER'S MAIDEN NAM	a Rich	udson
15. (Ye:	Was Deceased Ever in U.S. Armed Forces? s,no or unknown) (If yes, give war or dates of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			K- abbour	in MD	· U.H Man
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	1	-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAU	E Drennat	within	
	(This does not meon the mode of dying, heart failure, asthenia, etc. It means the disc	e.g., DUE TO OR AS	A CONSEQUENCE OF:		
	injury or complication which coused death.)  ANTECEDENT CAUSES	20.0	11.	000000	
	DISEASES OR CONDITIONS, il ony, gi	ving (8)	A CONSEQUENCE OF:	1. adva	7
H	rise to the above couse (A) stoting UNDERLYING CONDITION lost.	lhe			1
	II	(C)			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
U	TO THE DEATH BUT NOT RELATED TO THE TERMII DISEASE OR CONDITION GIVEN IN PART 1 (A).		120A ALIZORGYO (Von an No.	200 15 450 14505 50	IDNA CONCINCIO
ERTIFI	WAS PERFORMED	OK WHICH OPERATION	20A. AUTOPSY? (Yes or No.	10 CERTIFYING CAUS	ES OF DEATH?
AL CE	21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, loctory, street, of efc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimore (	City, give exact location)
ш	21D-TIME (Month) (Doy) (Yeor) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
8	(APPROX)	While At Work At Work	· 🗆		
	22. I certify that (I) (this hospital) attend	ed the deceosed fram	1	9to	19
	that (I) (we) last saw the deceased alive	an	19ond the	st İn(my) (aur) apinio	on deoth occurred on the date
	and haur and fram the causes stated abay	e. (1) (We) (did) (did not) v	lew the body ofter death.		
	23A. SIGNATURE	Al ablination		Staff	3B. DATE SIGNED
	23G. PHYSICIAN'S	DEGREE Phys		Phys. L	101
	23C. PHYSICIAN'S NAME (Type) THAWLA	ABBOUR	ANTONIVIED	ARD OFHIN	ARYLAND MO
24A	BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C.NAME of CEMETERY OF CRE		CATION (City.	lown, or county) (Stote)
	6-23-70		JOHNS HOPKI	N2 WEDICA	AL SCHOOL
254	UN 28 370 Calle & Jack	ME OF REGISTRAR	ORTUARY SE	RVICE - B	CHB ADDRESS
VS	150-REV. 1/1/6B				



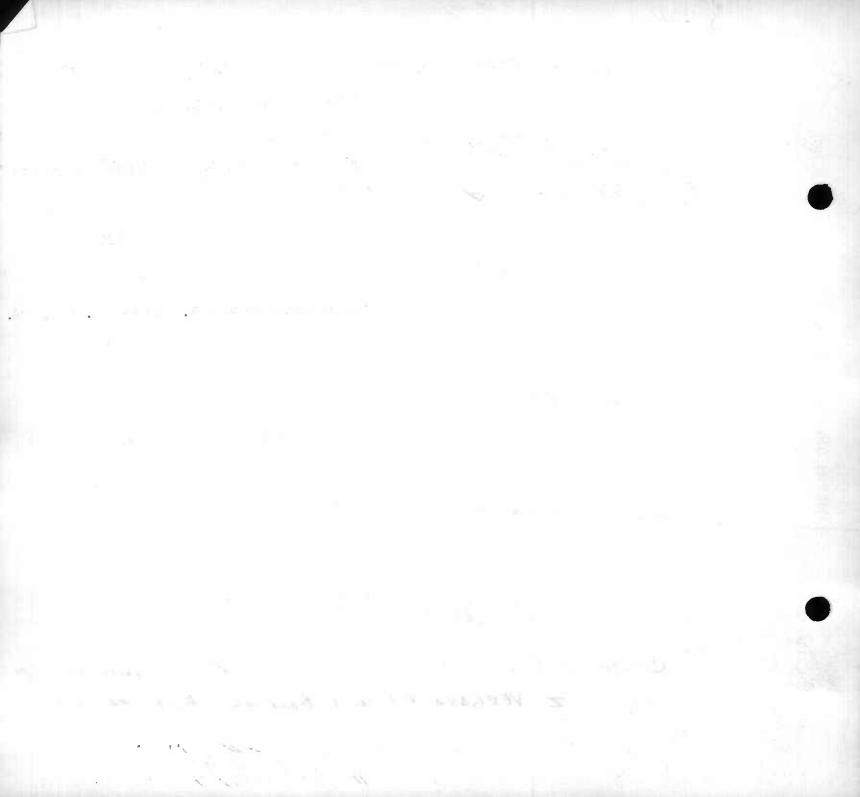
	TIMORE CITY HEALTH DE		X X	70 000
	MINER'S CERTI	FICATE OF	DEATH REG. NO	6391
I. NAME OF DECEASED T.	2. DATE	Known 🔼	Manth Day	V 1
(Type or Print) William Joy	OF	5 · · · · · □	Manth Day	Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNG	DEAT			M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION,		NOUNCED DEAD	Month Day	Yeor Haur
HOSPITAL ADDRESS OR LOCATION)	SIVE SIKEET		6 22	70 <sup>1</sup> 3:04 p. <sub>M.</sub>
OR INSTITUTION				n: residence befare admission)
Sinai Hospital	A. STATE	Maryland	B. COUNTY	Baltimore 53/
6. SEX 7. RACE B. MARRIED N	EVER MARRIED C. CITY	OR TOWN Tang	downe D. INSIDE C	ITY LIMITS?
male white WIDOWED	DIVORCED 🗆	XXXXXXXXX		res No 🗓
		ET AND NUMBER		ES NO NO
10 26 1006   last birthday)   Manths	Days Haurs Min.		1 - 4	
0.5	TN 05	311 Cly	de Ave.	
11. BIRTHPLACE(State or foreign country)  12. CITIZ  WHA	COUNTRY?	IER'S NAME		
Maryland	U.S.A.	Howard	S. Joy, Sr.	
done during most of working life, even il retired)	NESS OR INDUSTRY 15. MOT	THER'S MAIDEN NAM	/E	
Pattern Maker		Ira Jo	nes	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17.		DRMANT	And the second s	DDRESS
	4-05-3853 Mrs.	Tra I Tou	, 269 Clyde A	venue 21227
119.	CAUSE OF DEATH	11a J. Joy	, 209 Clyde 2	APPROXIMATE INTERVAL
H12,41	CAUSE OF DEATH			BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Artoriosolor	otic cardio	vascular dise	280
LEADING TO DEATH	(A)IMMEDIATE CAUSE	OLIC CALGIO	vascular disc	ase
(This daes nat mean the made of dying, e.g., heart lailure, asthenia, etc. It means the disease,	DUE TO, OR AS A CONS	SEQUENCE OF:		
injury ar complication which coused death.)				
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING	DUE TO, OR AS A CON	SEQUENCE OF:		
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
Z GINDERETHING CONDITION LAST.	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B, CONDITION FOR WHICH				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
E DISEASE OR CONDITION GIVEN IN PART 1 (A).	****			
20A. DATE OF OPERATION 20B. CONDITION FOR WHICE	H OPERATION WAS PERFO	RMED		21. AUTOPSY? (Yes or No)
0/2				yes
22A. EXTERNAL CAUSE WAS 22B. PLAC	E OF INJURY (e.g., in ar abou	1 22C. WHERE DID (	I in Baltimore City, give ex	oct location)
UNDERLYING OR CONTRIB.	, lactory, street, affice bldg., etc	.) INJURY OCCUR? '		
	JURY OCCURRED	22E HOW DID IN	LIDY OCCUPA	
OF INJURY		22F. HOW DID INJ	UKY OCCUR?	
m. WORK	AT WORK			
23.				
I certify that I held on Inquiry Ins	pection Autopsy	ond that on th	is basis, deoth in my	opinion
resulted from: Notural causes Accide	ent Suicide	Homicide U	Indetermined monner	
1 X I		CHIEF MEDICAL EX	CAMINER	
ACTUAL // MACTUAL	Δ.	SSISTANT MEDICAL EX	AMINER	DATE SIGNED
SIGNATURE EXAMINER'S	M.D.		_	
NAME (Type) Werner W. Spitz,	M.D. Deputy	Chief Medi	cal Examiner	6/23/70
	ME of CEMETERY or CREMA			n, ar caunty) (State)
REMOVAL (Specify)	The same of the sa			
	owridge Cemeter	v Was	hington Blvd.	, Howard Co. Md.
ACA DATE BECOD BY HEALTH MEDY		7		, 11011414 001 1141
25A. DATE REC'D BY HEALTH-DEPT. 25B. NAME OF	REGISTRAR 250	C. FUNERAL DIRECTO		ADDRESS
	REGISTRAR 250	C. FUNERAL DIRECTO	R A	ADDRESS
VS 151-REV. 1/1/68	REGISTRAR 250	C. FUNERAL DIRECTO	R A	



IMPORTANT

FUNERAL DIRECTOR:

n. 461		BALTIMORE CITY	HEALTH DEPARTMENT	X	0 0000
BIRTH NO.	70 6	392 CERTIFICA	TE OF DEATH	REG. NO.	0 b386
Type or Print	EASED		2. DATE AND	HOUR OF DEATH	. 10
3 PLACE IN BALL	JEARY,	MARGARet	He trend ore	6/22/70	10 AM
FUIL NAME OF	TIMORE, MARYLAND, WHI	OR INSTITUTION, GIVE STREET	A. STATE B. COUNT	- 14 .	itution: residence before admissio
HOSPITAL OR	ADDRESS OR LOCATI	ON)	C. CITY OR TOWN	D. INSID	E CITY LIMITS?
BROad	way & Fa	- Hospital	Essex 21221 E. STREET AND NUMBER		YES NO U
			51 Jeve	RSKVC	ourt
5. SEX	W ,	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9	AGE (In Yeors	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
	IPATION (Give kind of work 10 vorking life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNT
Sous C	wile	Home	New York	(	USA C
ISAMA	as Mo	Path	M O	Pai /	. 0
S. Wos Deceosed Yes, no or unknown)	Ever in U. S. Armed Forces	?   1 6. SOCIAL SECURITY NO.	17. INFORMANT	· · · · · · · · · · · · · · · · · · ·	ADDRESS
10		1080123276	Margaret Stotler	41.08 E. Lor	mbard St. Bolto
18. / 9 0		CAUSE OF DEAT		201	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	E OR CONDITION DIREC	CTLY	. 1.	_	DELMECH ONSEL AND DEAT
	LEADING TO DEATH	(A)IMMEDIATE CAL		canemi	a scherel mo
heort faiture, c	of mean the mode of dy asthenia, etc. It means th	disease.	A CONSEQUENCE OF:		encourse of the contract and according to be like.
	plicolion which coused de	oth.)	0 .		2
	INTECEDENT CAUSES	B. M. Cly	ly ha mal	is Man Car	( Seleculuman
DISEASES O	R CONDITIONS, if any	, giving DUE TO, OR AS	A CONSEQUENCE OF:	J. W. K. W.	Querel
UNDERLYING	above cause (A) si	collete de	chia Lugher	which a lin	semagnia MA
	11	(U/aVallination - Vacant		1 1025	THE WEST AND THE
OTHER SIGNIFIC	CANT CONDITIONS CONTI				1,001
TO THE DEATH	BUT NOT RELATED TO THE TONDITION GIVEN IN PART 1	TERMINAL IAM VA	Lun mg	*************************	Welle
OTHER SIGNIFICATION THE DEATH DISEASE OR CO	OPERATION 198 CONDIT	ION FOR WHICH OPERATION	20A-AUTOPSY? (Yes or No)	208. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS CONSIDERED
OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examines	218 PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)	n or about 21C. WHERE DID	(If In Boltimore C	City, give exact location)
21D. TIME OF INJURY	(Month) (Doy) (Year) (I	HOUN 21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX)		While At Not While	•П		
22 1	has /1\ /sl.t = 1 = 14.1\	Work At Work	7,1	30 16	1 25
		ttended the deceased from 6		20 to 6/22	19
	lost sow the deceased o		19ond that	in (my) (our) opinio	on deoth occurred on the do
and hour ond	from the couses stoted	above. (1) (We) (did) (did nat) v	lew the bady after death.		
23A. SIGNATUR	/	1			BL DATE SIGNED
3		ergara 4 D. Atter	nding Med. S	haff W	June 22 193
23C. PHYSICIAN NAME (Ty	PAZOA Z	DEGREE	100 N. Bronders		ma 21221
4A. BURIAL CPEA	RAZON Z	DEGREE		//	. 7, 2/07/
Burial (Sp	AATION, 24B. DATE	24C, NAME of CEMETERY of CRE			town, or county) (State)
	6/25/70	Oak Lawn Cemeter		imere Co. I	'd.
SA. DATE REC'D	BY HEALTH DEPT. 25	NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR	Jelledala.	ADDRESS
JUN 24 1	AM Robe & E	Railen ACD	wuzdzinski Fun	eral Home 14	107 Eastern Ave
5 150-REV. 1/1/6	20 4 100				W. Bastern ave



57-04-20 js ]	198-100	CITY HEALTH DEPARTMENT	70 6393
16 ± 5 0 ±	M.E. CASE NO.	CATE OF DEATH Registered No.	0800
Such ased	1. NAME OF DECEASED Howard	2. DATE AND HOUR OF DEATH	1 20
- D 0 0 5	3. PLACE OF DEATH IN BALTIMORE MARYLAND	2 6/2 (/ 2 )	4. EV AM.
Spir	3. PEACE OF BEATH IN BALLIMORE, MARILAND	A. STATE B. COUNTY	1 6 11-
5 S D D	FULL NAME OF (If not in hospital at institution, give street address or location)	Maryland C. CITY OR TOWN (If outside city limits, write !	2075
Cau Cau	INSTITUTION	Baltimore	NORAL and give lownship)
- B	Baltimore City Hospital 4940 Eastern Avenue	D. STREET ADDRESS (If rurol, give location)	
dring dring e.	Baltimore, Md. 21224	3635 Dudley Ave., Balto.	. Md. 21213
iburing	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
TT TT TT TT TT TT TT TT TT TT TT TT TT	Male White Never married	2-7-62	
h co	10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign country) Baltimore	12. CITIZEN OF WHAT COUNTRY?
nd nd nd nd nd nd nd nd nd nd nd nd nd n	Student	Maryland	United States
C t d	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
F + 1 5 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	George	Mildred Leitch	
AN Andread	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) of yes, give wor or doles of server CURITY NO.	17. INFORMANT 4940 Easte	ern Avenuess
RT ssississississississississississississi		BCH Records: Baltimore,	Md. 21224
IMPORTAN or his assistant Also, if the di of any kind; ounced death trendance on	0 0 0 0	E OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
his so, so, of a point	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, heart failure, asthenia, etc. It means the disease	ARDIO RETPIRATORY ARRE	
= PA O D E	(This does not mean the made of dying, each DUE TO	ARTIO RESTITION TO MICHE	
S or o	heart failure, asthenia, etc. It means the diseast injury or camplication which caused death.)	00. 0 15.11.	
CTOR: caminer. A fractury vho pro	ANTECEDENT CAUSES (B) DUE TO	IL DREPAR PHENMON	(1)
O PEAGE	DISEASES OR CONDITIONS, if any, giving	1202 1121	
DIRE	rise to the above cause (A) stating the (C)	HEAD INJURY	
D ica ica ica ica ica in a in a in a in a			
AL med burr hysin will was rem	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
A THE STATE OF THE	DISEASE OR CONDITION CAUSING IT.	TOO A AND COLUMN AND C	
FUNER te chief r by a m 2) Body e the p physicia	198. CONDITION FOR WHICH OPERATION WAS PERFORMED IN JURY	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE IN CERTIFING CA	USES OF DEATH?
FU by (2) B (2) B re t phy fore	U 21A, ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY		City, give exact location ( 54
a +	DEATH (notify reduced exeminer) etc.)	CLOSE TO MORNIA	20 AD (RUTE # 40)
y en più	OF INJURY  While At Not	21F. HOW DID INJURY OCCUR?	
hos hos in (6	OF INJURY (APPROX.) 6 2/ 70 7 While At \ Not Work	While FELL DOWN FROM,	BRIDGE
x x x x x x x x x x x x x x x x x x x	22. I certify that (1) (this hospital) attended the deceased from	111-15	/21/70 19
dapp to the the the the the the the the the the		70 19 and that in(my) (aur) opi	
-00	and have and from the causes stated above. (1) (We) (did) (did n		
ist be ased dent ospit deat	23A. SIGNATURE		23 B. DATE SIGNED
mus electroid to ot al r	M.D.	Attending Med. Stoff Phys. Director Phys.	6-21-70
ac ac	23C.PHYSICIAN'S NAME (Type)	23 D. ADDRESS	
was Was An Pricat		A.D. G 154 EAST PRATT	ST. BALT. M.D.
E 1200	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	CREMATORY 24D. LOCATION (C	ty, town, or county) (Stote)
	Burial 6/2 <b>3</b> /70 Moreland Me	em. Park Baltimore,	Md
This cert the body shows: ( was D.O decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR SChimungk Fanorally	ADDRESS MO Tho
サモニシラメ	HIN 24 9576 O.C. a. a. a.	Schimunek FuneralHo 3331 Brehms Lan	e
	The state of the s		



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

6:32

NOF

APPROXIMATE INTERVAL

ADDRESS

II Under 24 Hrs.

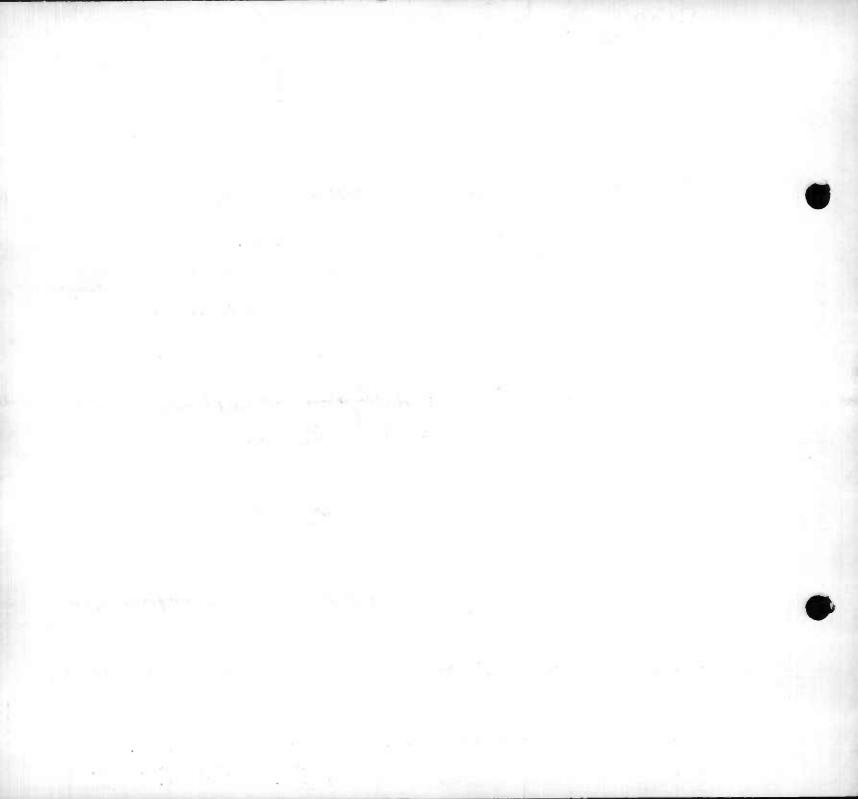


Madison

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DIRECTOR:

FUNERAL



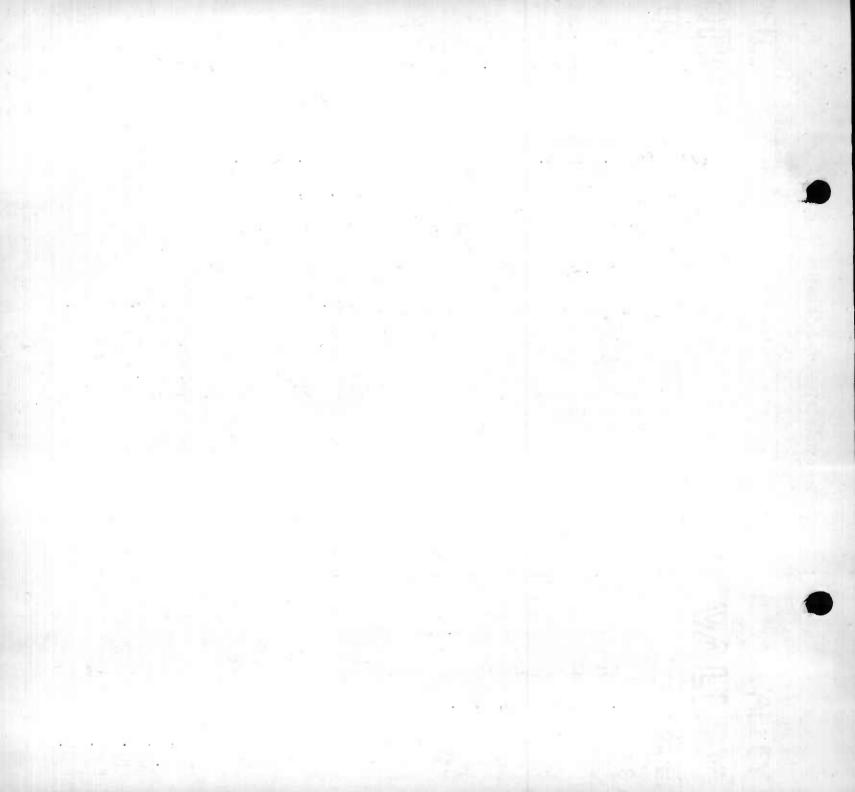
MPORTANI



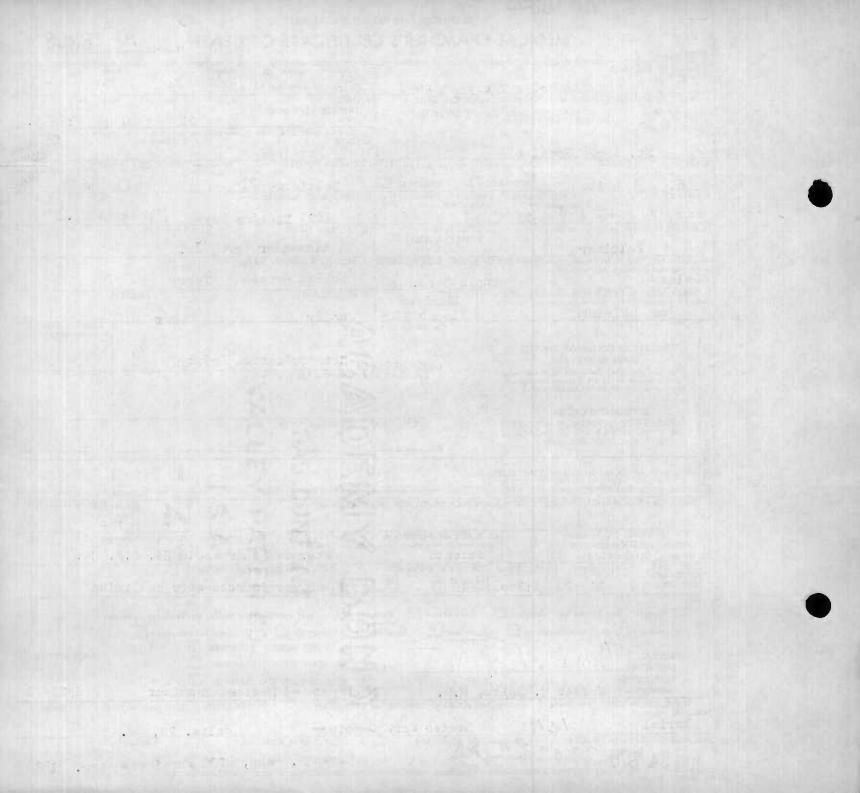
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FUNERAL DIRECTOR:

VS 150-REV.



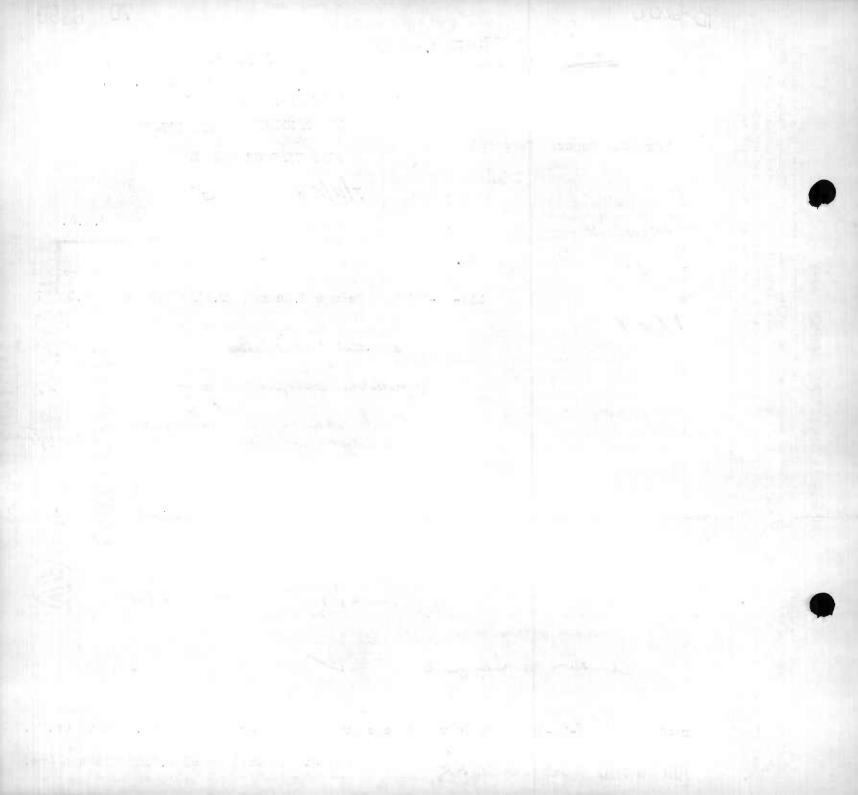
70 0300	
	EALTH DEPARTMENT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG NO. 70 6398
BIRTH NC.	REG. NO.
1. NAME OF DECEASED (Type or Print)	2. DATE Known Ex Month Doy Year Hour
Alexander Terry 3rd	OF DEATH Estimoted [] 6 22 70
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
4/	A. STATE  B. COUNTY
St. Agnes Hospital	Maryland Balto.
MAKKIED LI NEVER MARRIED 1	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male white WIDOWED DIVORCED	Baltimore 27 YES NO IN
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs. lost birthdoy)   Months   Doys   Hours   Min.	IE. STREET AND NUMBER
OCT 17-1946 23	1025 Freedom Way (Fredenia Ct.)
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Baltimere WHAT COUNTRY?	Alexander Terry Jr.
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	VIS MOTHER'S MAIDEN NAME
done during most of working life, even if retired)	- M
Sales Dennis Corp.	Frieda Merson Terry
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (il yes, give wor or dotes of service)  17. SOCIAL SECURITY NO.	IB. INFORMANT ADDRESS
Yes   Vietnam   218 46 0069	Family Same
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEAT
	CAUSE Craniocerebral injury
l linis does not mean the mode of dying, e.g.,	AS A CONSEQUENCE OF:
heort failure, osthenio, etc. It meons the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES  (B)	
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
I UNDERLYING CONDITION LAST	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED   21. AUTOPSY? (Yes or No)
0 1	Voc
Z2A. EXTERNAL CAUSE WAS 122B, PLACE OF INJURY(e.g.	in or obout 22C. WHERE DID (If in Boltimore City, give exact location)
ONDEKTING LOW CON IRIE.	e bidg., etc.) INJUKY OCCUK?
T The state of the	Ree. 040 Hear Mapre Rd. A.A. Co.
	22F. HOW DID INJURY OCCUR?
(APPROX.) 6 21 70 1:29pm. WHILE AT WORK	WHILE A driver in auto-auto collision
23.	
l certify that I held an Inquiry Inspection Au	topsy 🗓 and that an this basis, death in my apinian
resulted from: Natural causes Accident X Suicid	de Hamicide Undetermined manner
100 157	CHIEF MEDICAL EXAMINER
ACTUAL WHILE WAY	ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D.	• 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	ASSOCIATE MEDICAL EXAMINER
	Denury Chief Medical Ryaminar 6/3//
24A BURIAL CREMATION. 124B DATE 124C NAME of CEMETERY	Deputy Chief Medical Examiner 6/23/70 or CREMATORY 24D. LOCATION (City town or county) (State)
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 6/25/70 Loudon Park	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)  Cemetery Balto. 29 Md.
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 6/25/70 Loudon Park 25A. DATE REC'D BY HEALTH DEPT. 25B. DAME OF RECISTRAR	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)  Cemetery Balto 29 Md  25C. FUNERAL DIRECTOR ADDRESS
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 6/25/70 Loudon Park	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)  Cemetery Balto. 29 Md.



IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT

Hoste Standard Francisco Busel 42710 Amount legron Pa Store Sur 17

70 6401 BALTIMORE CITY HE		
MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO	70 6401
I, NAME OF DECEASED	2. DATE Known   Month Day	Year Hour
(Type or Print) David Long	OF Estimoled 6 22	70 12:43 a
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 6 22	70 12:43 а <sub>•м.</sub>
South Balto. Gen. Hospital	5. USUAL RESIDENCE (Where deceosed lived, if Institution: re A. STATE Md. B. COUNTY	sidence before odmission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
male White WIDOWED DIVORCED	Maryland YES	No D
9. DATE OF BIRTH    10.AGE (In years less birthday)   10.AGE (In years les	E. STREET AND NUMBER  2500 W. Patapsco Ave. Apt	. 1B
11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
Virginia USA  14A-USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	William Long	
done during most of working life, even if retired)  Service Station		
Service Saation   Self employed	Dolores Clark,  18. INFORMANT ADD	nece
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (il yes, give wor or dates of service) Yes 10/59-5/63 17. 50CIAL SECURITY NO. 214-40-9539		21228
Yes \$0/59-5/63 214-40-9539 [19] CAUSE OF DEAL	Mrs. David W. Long, 114 S. Hi	APPROXIMATE INTERVAL
Multin	ole shotgun wounds of chest	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (A)IMMEDIATE C	and abdoman	
(This does not mean the mode of dylng, e.g., heart foilure, asthenio, etc. it means the disease,	S A CONSEQUENCE OF:	
injury or complication which coused depth.)		
ANTECEDENT CAUSES (B)		
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
I UNDERLYING CONDITION LAST		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WA		
DISEASE OR CONDITION GIVEN IN PART 1 (A)- 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED [2	1. AUTOPSY? (Yes or No)
0 2		ves
22A. EXTERNAL CAUSE WAS   22B. PLACE OF INJURY (e.g.,	In or about 22C. WHERE DID (if in Baltimore City, give exact is bldg., etc.) INJURY OCCUR?	
UNDERLYING TO CONTRIB- home, form, foctory, sirest, office UTING TO CAUSE OF DEATH. 全類器 Parking Lo	2508 W. Patapsco Ave.	25/2
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX.) WHILE AT WORK AT W	WHILE Multiple shotgun wounds	
23.	topsy X and that on this basis, death in my op	l-l
resulted from: Natural causes Acident Suicid		inion
Joseph Solicion Solic	CHIEF MEDICAL EXAMINER	
ACTUAL 102ND/1	ASSISTANT MEDICAL EXAMINED	DATE SIGNED
SIGNATURE MADE IN COSTA M.D.	ASSOCIATE MEDICAL EXAMINER	6/22/70
NAME (Iype) Werner U Spitz, M.D.		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY ( REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, lown, o	r county) (State)
Burial 6/25/70 Baltimore Nat		
25A. DATE REC'D BY HEALTH DEPT. 25B NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADD	RESS

VS 151-REV. 1/1/68

Witzke, 1630 Edmondson Ave., 21228

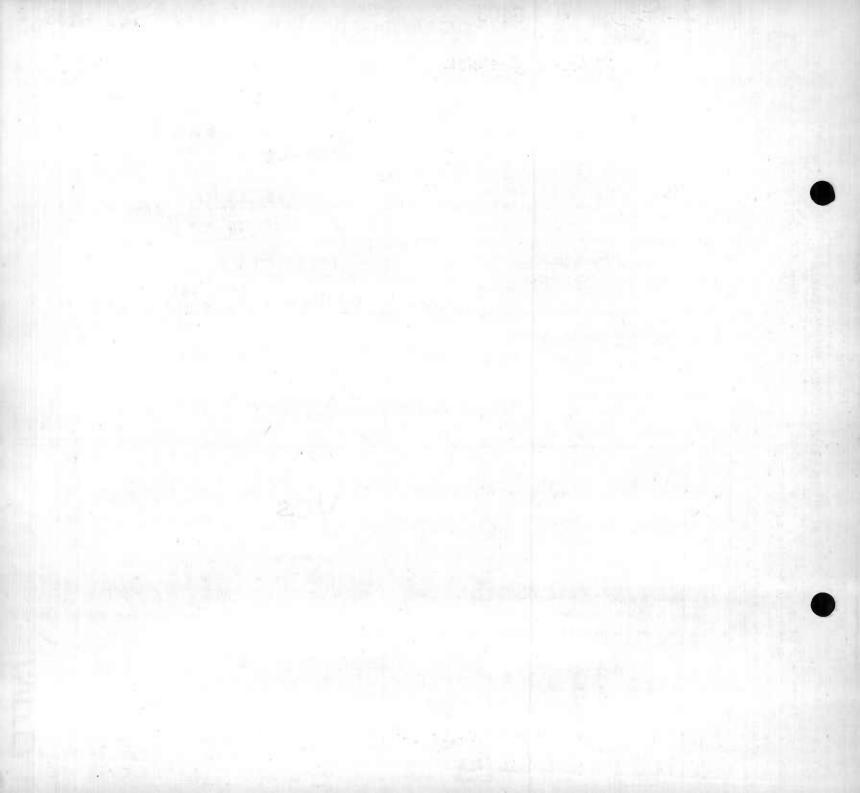
IMPORTANT DIRECTOR: FUNERAL BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admissio NO If Under 1 Yr. Manths: Doys If Under 24 Hrs. Doys Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exoct location) 19 70 19 70 and that In(my) (aur) apinian death accurred an the date 23B DATE SIGNED

and the same of the same of Seed STATE out to store BANKART GAMBAYES BURE the hard after more way TO THE STATE OF THE PARTY. Parapley a Judgey & Carpenner hing July 1957 CALLESTON BY MAN YES

water of the state

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	6403 BALTIMORE C	A 71 CAU3					
BIRTH NO. Balto. G., Md	IRTH NO. Balto. G. Md. CERTIFICATE OF DEATH						
(Tupo as Point)	GOEHNER	2. DATE AND HOUR OF DEATH					
3. PLACE IN BALTIMORE, MARYLAND, WHER	RE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before odn A. STATE B. COUNTY					
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
33 Johns Holkin	s H,	KINGSVILLE YES NO Z					
M 1 1 1	MARRIED NEVER MARRIED X						
tOA, USUAL OCCUPATION (Give kind of wark 10B dane during most of warking life, even if retired)	S, KIND OF BUSINESS OR INDUS	RY 11. BIRTHPLACE (Store or foreign country) 12. CITIZEN OF WHAT CO					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
LOREN GOEHNE	R	GRACE STRACK					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of	f service) 16. SOCIAL SECURITY NO.	FATHER - JERUSALEM RD- KINGSVILLE. MD					
DISEASES OR CONDITIONS, if ony rise to the above cause (A) sto UNDERLYING CONDITION lost.	(C)	Lenhemis - Acube nylogh 1 y R AS A CONSEQUENCE OF: Lenheme Mensageli					
TO THE DEATH BUT NOT RELATED TO THE T DISEASE OR CONDITION GIVEN IN PART 1 19A. DATE OF OPERATION 19B. CONDITI WAS PERFOR	TERMINAL (A). TON FOR WHICH OPERATION	20A AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
T L L		THEISE					
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e. home, farm, factory, street etc.)	g., in or about 2/C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?					
6 015	Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
OF INJURY (APPROX.)  (Manth) (Doy) (Year) (H	While At Nat W	/hile □					
OF INJURY (APPROX.)  22. I certify that (I) (this haspital) or	ttended the deceased fram	5/25 1970 10 6/18 19					
OF INJURY (APPROX.)  22. I certify that (I) (this haspital) of that (I) (we') lost saw the deceased of	tended the deceosed fram	5/25 19 70 to 6/8 19 19 70 and that in(my) (per) opinion death occurred on t					
OF INJURY (APPROX.)  22. I certify that (I) (this haspital) or	tended the deceosed fram	5/25 19 70 to 6/8 19 19 70 and that in(my) (per) opinion death occurred on t					
OF INJURY (APPROX.)  22. I certify that (I) (this haspital) of that (I) (we) lost saw the deceased and hour and from the causes stated	obave. (1) (Ye) (did) (did no	19 70 to 6 8 19 19 19 19 19 19 19 19 19 19 19 19 19					
22. I certify that (I) (this haspital) of that (I) (we) lost saw the deceased and hour and from the causes stated	obave. (1) (Me) (did) (did no	19 70 to 6 8 19 19 70 to 19 19 19 19 19 19 19 19 19 19 19 19 19					
OF INJURY (APPROX.)  22. I certify that (I) (this haspital) of that (I) (we') lost saw the deceased and hour and from the causes stated  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION,   24B. DATE	obave. (1) (Ye) (did) (did no	19 70 to 6 8 19 19 70 to 6 19 19 19 19 19 19 19 19 19 19 19 19 19					
OF INJURY (APPROX.)  22. I certify that (I) (this haspital) of that (I) (we') lost saw the deceased of and hour and from the causes stated  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify)  3URIAL GREMATION, CARROLL (Specify)  3URIAL CREMATION, CARROLL (Specify)	obave. (1) (We) (did) (did no	19 70 to 6 8 19 19 70 to 6 19 19 19 19 19 19 19 19 19 19 19 19 19					



X25	2 70	BALTIMORE CIT	Y HEALTH DEPARTMENT	70 6404
BIRTH NO.	20	6404 CERTIFICA	ATE OF DEATH Registered N	0
M.E. CASE NO.			2. DATE AND HOUR OF DEA	TH
(Type or Print)	John T.	Promont		
3. PLACE OF DEA	ATH IN BALTIMORE, MA		June 22, 1970  4. USUAL RESIDENCE (Where deceased lived. 1 A. STATE B. COUNTY	institution: residence before admission
FULL NAME O		or institution, give street	A. STATE B. COUNTY  Maryland C. CITY OR fOWN (If outside city limits, wri	2505
INSTITUTION				e KURAL and give township)
2		Baltimore General	Baltimore D. STREET ADDRESS (If rural, give location)	
99	Hespi		3831 St. Margaret Str	
Male	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	Aug. 8, 1906 9. AGE (In years lost bighdoy) 63 years	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
	UPATION (Give kind of work working life, even if retired)	108. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	ral Iron Work		Maryland	US
3. FATHER'S NAM			14. MOTHER'S MAIDEN NAME	
John J	A. Rusnack		Mary Liptack	
5. Was Deceased	Ever in U. S. Armed For	rces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS 21225
No	. 6		Mrs. Dora Rusnack 3831	St. Margaret St.
18. 4 Jo	E OR CONDITION DI		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	dying, e.g., DUE TO	Rostic stansoni Artinus duotre C.V. dusa	syems
heart foilure,	osthenia, etc. Il means	the diseose,		
injury or com	nplicolian which coused	deoth.)	Artigorde de (Vdus	100/
1	ANTECEDENT CAUSES	(B)		
DISEASES C	OR CONDITIONS, if	ony, giving		
	e obave cause (A) G CONDITION last.	stating the (C)		
ONDERENING				
TO THE D	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING	ATED TO THE		
19A. DATE OF		IDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBL	NT WAS UNDERLYING DIING CAUSE OF medicot exominer		in or obout 21 C. WHERE DID (If in Boltin office bldg., INJURY OCCUR?	nore City, give exoct focotion)
21 D. TIME	(Month) (Day) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY		While At Not Wh		
		Work At Work		
		throttended the deceosed fram	7. Central 19 5 6 to	19
that (1) ( <del>we)</del>	last sow the decease	ed olive on January	27 19 70 ond that in (my) (aur) (	pinion deoth occurred on the d
		ted obove. (I) ( (did not)		
23A. SIGNATU	IRE			23 B. DATE SIGNED
1 de il	1.100	M.D. A	ttending Med. Stoff birector Phys.	
23 C SHYSICIA	n wy of	n w	23D. ADDRESS	
NAME (T	ype)		4700 Pennington Avenue	
Sidney	R. Gehlert,	M.D.	Raltimore Manufand 21226	
REMOVAL	MATION, 24B. DATE	24C. NAME of CEMETERY OF C	REMATORY 24U. LOCATION	(City, town, or county) (State)
Buria]	4 1 1	70 Cedar Hill		way A. A. Co. Md.
SA. DATE REC'D	BY HEALTH DEPT.	258 NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS
T PR UN	الل المحدية في	Taibles Tolk	M Cella FA 237 Pata	psce Ave. 21225
S 150-REV. 1/1/	6\$			

etres or fortune (CT4

0	1	M-260 70 6405 BALTIMORE CITY HEALTH DEPARTMENT X
F.	che the	BIRTH NO. Porchester to md. CERTIFICATE OF DEATH REG. NO. 70 6405
0	Su + Su	1. NAME OF DECEASED (Type or Print)  2. DATE AND HOUR OF DEATH
RS.	F o e ce	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Whore doceosed lived, If institutions residence before admission)
EXAMINER	ospite se of 5) De ince death	A. STATE B. COUNTY
5	hos use ; (5) dan de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  INSTITUTION  C. CITY OR TOWN  ID INSTITUTION
X	D See of	C. MA. Data
(i)	cat car	JOHNS HOPKINS HOSPITGE E. STREET AND NUMBER
1	de de	424 CHARLES ST.
C	rib min gul	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 1. DATE OF BIRTH, 19. AGE (In yours lost birthdoy) 11 Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
	on on on on on on on on on on on on on o	MIDOWED DIVORCED 1/7/10
ME	or condet	Cone during most of working me, even it relifed)
ш	de Constitution de Sit Con	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
H	if d rect (4) U wa the spos	10001 (11111111111111111111111111111111
L Z	ind; ind; eath e on	15. Was Deceased Ever in V. S. Armed Forces?   16. SOCIAL   17. INFORMANT
OF	E UT UE	
E S	if t any k ced c	18. 7 4/ 9   CAUSE OF DEATH   CAMB MS   APPROXIMAL INTERVAL
<b>₹</b>	.= 0 = = =	DISEASE OR CONDITION DIRECTLY
S X	Also e of nour atte	(This does not meon the mode of dying, e.g., (A) IMMEDIATE CAUSE CARDORES PIRSTORY ARREST Situations
A ::	er. ctur pror	heard follure, asthenia, etc. It means the disease, injury at complication which coused doubt.)
SPE	ining of the	ANTECEDENT CAUSES
ر ا ا	A A P	DISEASES OR CONDITIONS, il gay, niving DUE TO, OR AS A CONSEQUENCE OF:
TO W	3 (3) ex	inse to the obove couse (A) stoling the UNDERLYING CONDITION tost. (C) HEADT DISEASE
85	dical dical rrns; rsicia was main	
AL		O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
NER	T E L	▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).
JZ	the the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OP DEATH?
AD.	the (2) (2) phy efor	U 21A. ACCIDENT WAS UNDERLYING   21A. PLACE OF INJUST (e.g., in or obout 21C, WHERE DID (If in Bollimore City, plue exect location)
-	50 Pr 0 0	DEATH (notify medical examined)    Death (notify medical examined)   Death
A	4 5 2 2 b	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
7	2000	While At Not While At Work
S	the an obt	22. I certify that (1) (this hospital) attended the deceased fresh 6 / 9 19 / 0 ta 19
2	0000	that (2) (we) last saw the deceased alive an 6/9 19/75 and that in (40) (aur) apinian death accurred on the date
AS		und have and from the causes stated abave. (did) (the not) view the body after death.
	S D O D E	23A. SIGNATURE  Attending Med.   Stoff   23B. DATE SIGNED
S	a r to rate	Phys. Director Phys.
EA	An caterinate An caterinate at a caterinate at	23C. PHYSICIAN'S NAME (Typo)   23D. ADDRESS HOPKINS GOSPITAL
RELEAS		24A. BURIAL CREMATION, 24B. DATE 124C. NAME of CEMETERY OF CREMATORY
OC.	Cert Sody 7s: ( D.O ase	Total (Specify) (Single)
	5 0 1	BUCIAL 6-22-10 BETHEL CAMBRIAGE DOR MD.  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FYNERAL DIRECTORY ADDRESS
	This the show was dece	IUN 24 1970 Robert & Jak No Stelerich C. St Kair CAMB, MS.
	ı	VS 150-REV. 1/1/68



0 101	POLO.	0.00	BALTIMORE CITY	HEALTH DEPARTMENT		N/O
BIRTH NO.	70	6406	CERTIFICA	TE OF DEATH	REG. NO	70 6406
1. NAME OF DEC	TAMES	C. L	BRASHEAL	2. DATE/ANI	HOUR OF DEATH	845 p
3. PLACE IN BALT	TIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE IWhere	deceased lived, if in	stitution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland Balti	more	5300 DE CITY LIMITS?
017.00		./		Baltimore	5	YES NO K
3/11/	tRC y	Has	pitA/	E. STREET AND NUMBER 8127 Subet Roa	d 21207	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9	. AGE (In years ost birthday)	II Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
Male	Caucasian	WIDOWED		Jan. 14, 1914	56	
done during most of w	PATION (Give kind of work vorking life, even if refired)	10B KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY
Post Offi		U.S.	Post Office	New York		U.S.A.
13. FATHER'S NAM	AE			14. MOTHER'S MAIDEN NAM	E	
	Brashear, Si			Rose J. (nee Co	llison)	
15. Was Deceased (Yes, no of unknown!	Ever in U. S. Armed Far III yes, give wor or dote	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes	W.W. 11		217-03-1264	Mrs. Vera Brash	ear 8127 Su	bet Road 21207
1B. 43	1.91		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	E OR CONDITION DIE	RECTLY		2 1	1	BETWEEN ONSET AND DEATH
	of mean the mode of	dvina ea	(A) IMMEDIATE CAU		preumon	w days
heart failure,	osthenio, etc. Il meons plication which caused	the diseose,	DUE TO, OR AS	A CONSEQUENCE OF:		
	NTECEDENT CAUSES			Conteller 7	Vemusela	lub
1	R CONDITIONS, if		(B) OR AS	A CONSEQUENCE OF:	2011.40044	700-70-
rise to the	obove couse (A) CONDITION lost.	stating the	(c)	A CONSEQUENCE OF		
_	11					
TO THE DEATH	CANT CONDITIONS COIL BUT NOT RELATED TO THE DIDITION GIVEN IN PAR	HE TERMINAL	*******************************		***************************************	***************************************
19A-DATE OF	OPERATION 198. CON WAS PERI	FORMED	WHICH OPERATION	20A-AUTOPSY? IYes or to	20B. IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examiner	21B hom etc.	ie, form, foctory, street, of	or obout 21 C. WHERE DID		e City, give exoct locotion)
21D.TIME OF INJURY	(Month) (Doy) IYeor)		INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.)		Wh	ile At  Not While	· 🗆 ]		
22. I certify t	that 🕊 (this hospital	) attended t	he deceased from	7-16 19	70 10	6-22 1970
	last saw the decease		6-38	- //		ian death accurred an the date
and haur and	from the causes stat	ed above. (1	(We) (did) (did not)	lew the bady after death.	•	
23A. SIGNATUI		7	1.4			23B, DATE SIGNED
1	helip X	· Uho	ON DEGREE Phys	nding Med. S	hoff hys.	6-22-70.
23C.PHYSICIAN NAME (Ty	Y'S pel		DEGREE	3D. ADDRESS		
	hilip H. Moor	re	OEGREE	Mercy Hosp	tial	
24A. BURIAL CREM REMOVAL (S	AATION, 248. DATE	24C. N	AME of CEMETERY OF CRE			y, town, or county) (State)
Burial	6/24/70	Balt	o. National C	emetery Rele	imore, Mary	lend
25A. DATE REC'D	BY HEALTH DEPT.	25 NAME C	REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
JUN 24	MIN Valent E	Jaber	, 7.0,	Loring Byers R	andallstown	, Maryland 21133

	S-540 70 6407 BALTIMORE CITY HEALTH DEPARTMENT 70	0.405
	IRTH NO. CERTIFICATE OF DEATH	6407.
	NAME OF DECEASED  ype or Print)  2. DATE AND HOUR OF DEATH	11151
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	esidence before admission)
	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	1338
ii	D. INSIDE CITY L	_
	E. STREET AND NUMBER	NO .
5.	SEX 6- RACE 7- MARRIED NEVER MARRIED 8- DATE OF PIRTH 9- AGE (1) years   11 Under	MUE
	WIDOWED DIVORCED DISTORDED SIGNATURE MONTHS	Doys Hours Min.
do	and outing most of wednesd the even it restreed	ZEN OF WHAT COUNTRY?
13	FATHEMS NAME 14. MOTHER'S MAIDEN NAME	JOH
	ADE SMALL AUDREY M	LONGINETE
1.5 (Y	Wos Deceosed Ever in U. S. Armed Forces?  25.00 of unknown) (If yes, give wor or doles of service)  SECURITY NO.	ADDRESS
-	2/0   283/65533   CAME   CAUSE OF DEATH	
	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	Chis does not mean the mode of dying, e.g.,  Due to, or as a consequence of:	*************
	heart failure, asthenia, etc. it means the disease, injury or complication which coused death.)	
	ANTECEDENT CAUSES (B)	
	DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS A CONSEQUENCE OF:  ise to the obove couse (A) stoling the	•
	UNDERLYING CONDITION last. (C)	
ATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	CONSIDERED
CERTIFIC	WAS PERFORMED  IN CERTIFYING CAUSES OF I	
ZAL CAL	OR CONTRIBUTING CALLS OF	exocl locotion)
MEDIC	21D. TIME (Month) (Doyl (Yeorl (Houd 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
1	Work At Work	h-
	22. I certify that (I) (this hospital) attended the deceased from 19 0 to 6 00 that (I) (we) lost saw the deceased alive an 19 0 and that in (my) (our) column deat	19 10
	and how and from the causes stated phave. (1) (We) (did) (did nat) view the bady after death.	h occurred on the dote
	23A. SIGNATURE	ENGNED
	Attending   Med.   Shaff   Director   Phys.	80/10
	PARE (Type) B C 1 6 P W 1 M	100
24	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City. town, o	county) (State)
24	BURIET 23 JUNE 70 LZKE VIEW Mem Park Howard Co M	11
1	JUN 24 1970 Paber & Jeber 28 DUNGE TUNEVE / TOME	Ball M
VS	150-REV. 1/1/68	142/10/14

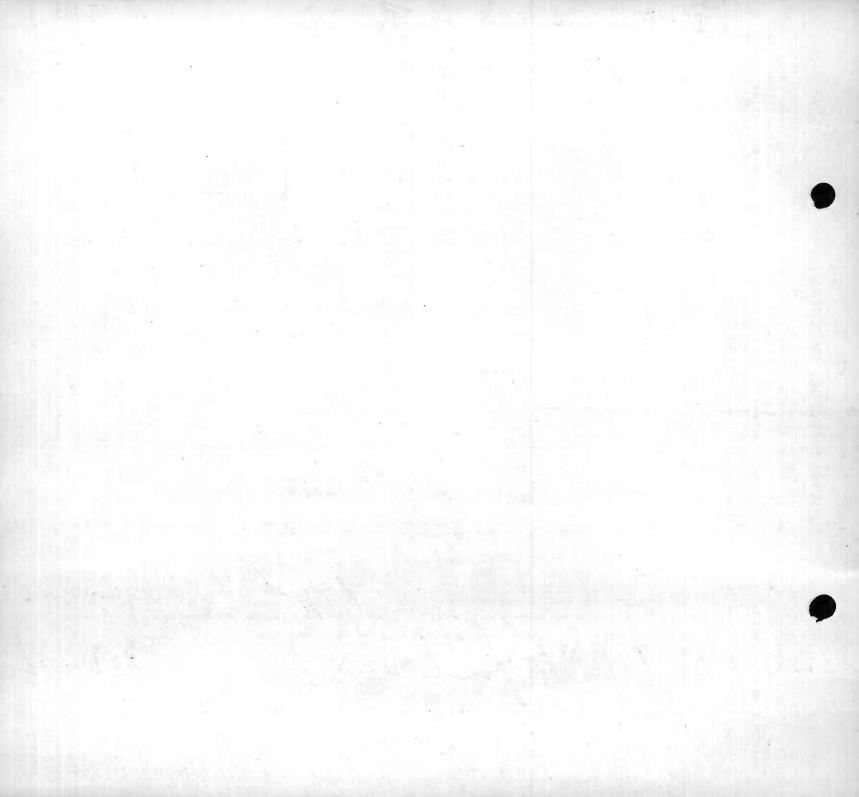


BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT DIRECTOR: FUNERAL

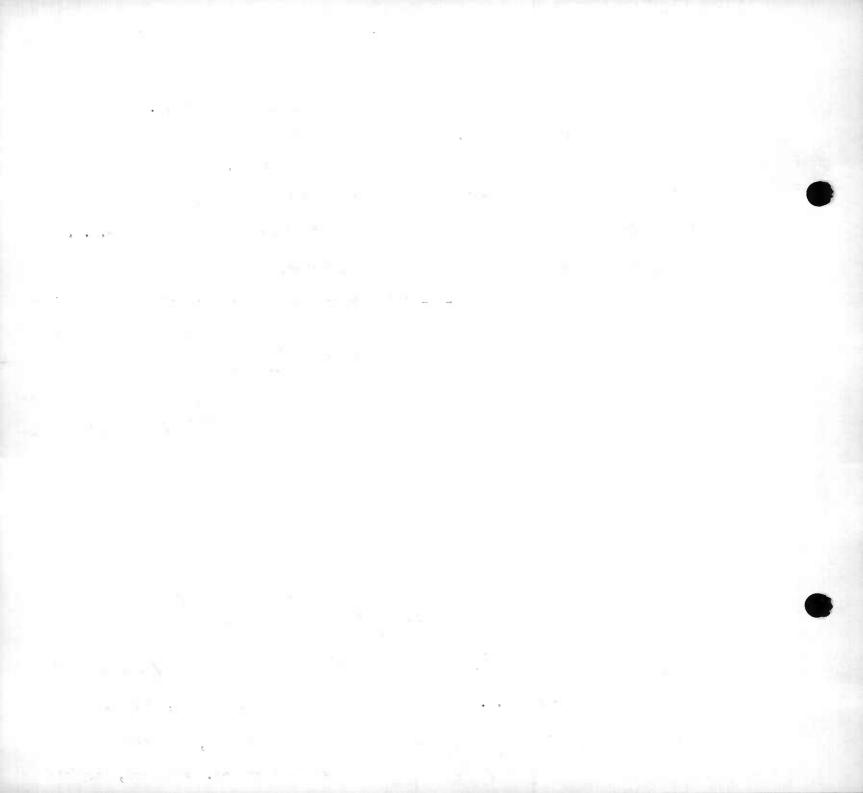
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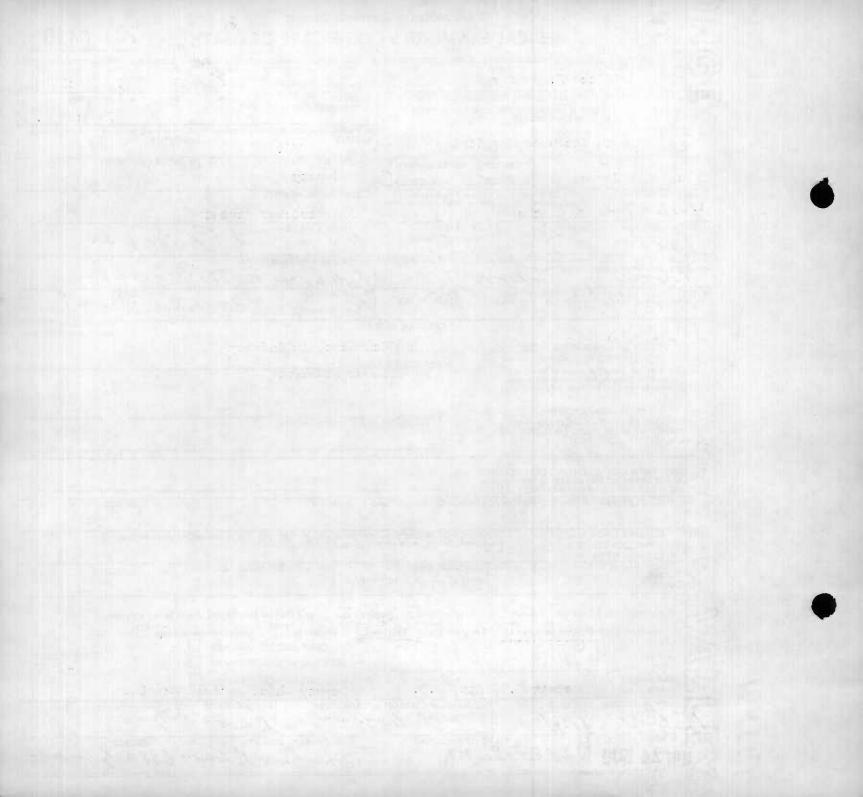
REG. NO D. INSIDE CITY LIMITS? YES V NO If Under 1 Yr. Months! Doys tf Under 24 Hrs. Hours i Min. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS Szme APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (If In Boltimore City, give exoct location) ond that in (my) (our) opinion death occurred on the date (City, town, or county) (State)



FUNERAL

VS 150-REV. 1/1/6B





VS 150-REV. 1/1/68

FUNERAL



11 5112		BALTIMORE CIT	HEALTH DEPARTMENT	1-1	0 6413
BIRTH NO.	6413	CERTIFICA	TE OF DEATH	REG. NO.	0410
1. NAME OF DECEASED			2. DATE	AND HOUR OF DEATH	
Hamilton, E			6-21	-70	11:45 P.M
3. PLACE IN BALTIMORE, MARYLAND	WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If institution	n: residence before admission)
FULL NAME OF - (IF NOT IN HO ADDRESS OR L	SPITAL OR INSTITUTIO	N, GIVE STREET	Maryland	<i>J.</i>	1701
INSTITUTION Provide	nt Hospital		C. CITY OR TOWN	D. INSIDE CI	118.8
	vison Stree		Baltimore E. STREET AND NUMBER	YES	NO NO
	re, arylan		529 W. Biddle		
5. SEX 6. RACE	7. MARRIED 1	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years / If U	Inder 1 Yr. If Under 24 Hrs. Ihsi Doys Hours Min.
Male Negro	WIDOWED	DIVORCED	3-11-25	40	Ihs Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of done during most of working life, even if retir	Work 108, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (Stole or fo	preign country)   12.0	CITIZEN OF WHAT COUNTRY
Unemployed		ruction	N.C.		U. S. A.
13. FATHER'S NAME	_ Const	ruccion	14. MOTHER'S MAIDEN N		0. D. A.
Decreed House	74.00			MALE	
Doward Hami.			Nella		
15. Was Decoased Ever in U. S. Armed (Yes, no or unknown) (If yes, give war or	dotes of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	2	40-40-748	Mr. Charles	Jenkins-Friend	Same
18. 3 0 3.41		CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OR CONDITION	DIRECTLY		double h	Nu emonia	BETWEEN ONSET AND DEATH
LEADING TO DEA	***	(A)IMMEDIATE CAL	ISE		unknown
(This does not mean the mode heart failuse, asthenia, etc. it me	of dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:		77 mec
injury or complication which cou	sed death.)	Anut	Alcoholi	Can	/
ANTECEDENT CAU	SES	nouse			hours
DISEASES OR CONDITIONS,	if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
nise to the above cause (	(A) stoling the	BOAT	- 1	into don'	1
ONDERLING CONDITION last.		(c)	cesar ay	ectansion	
z					
OTHER SIGNIFICANT CONDITIONS	O THE TERMINAL				
DISEASE OR CONDITION GIVEN IN	PART I (A).		100 4		***************************************
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION GIVEN IN 19A DATE OF OPERATION 19B C WAS U 21A ACCIDENT WAS UNDERLYIN	PERFORMED WHICE	H OPERATION	NO	No.) 208, IF YES, WERE FINDIN IN CERTIFYING CAUSES C	GS CONSIDERED OF DEATH?
OR CONTRIBUTING CAUSE OF		CE OF INJURY (e.g., i	or obout 21 C. WHERE DID	(If In Boltimare City,	give exect location)
▼ IDEATH (notify medical examined)	home, fa	rm, factory, street, of	fice bldg., INJURY OCCUR?		•
21D-TIME (Month) (Dov) (Ye	or) (Hour) 21 E. (NJI	JRY OCCURRED	21 F. HOW DID I	IIIIny Cocum	
OF INJURY (APPROX)	While At			dokt occor.	
	Work	MI WORK			
22. I certify that (I) (this hospi	ital) attended the de	sceased from 6-2	21-70	19to_6-21-70	79
that (I) (we) last saw the dece	ased alive on	-21-70	19and	that In(my) (aur) apinion d	
and hour and from the causes s	stated above. (1) (Wa	e) (did) (did not)	lew the hady after death	- Antimore from a services of	
23A. SIGNATURE	$\bigcirc$	, (110, (110 110), (	The body dilet death		ATE SIGNED
Much	andos.	Atte	nding	Staff 177	
23C. PHYSICIAN'S		OEGREE Phys	Med. Director Director	Staff Phys.	une 22, 1970
NAME (Type)	77 1 1 7				
	Elijah Saun	ders, M.D.	514 Divison S	treet Baltimor	e, Md.
44. BURIAL CREMATION, 248, DATE REMOVAL (Specify)	24C. NAME	of CEMETERY of CRE	MATORY 24D.		, or countyl (State)
Burial 6/28		onn Ctar	0		
		GSTRAR	25C, FUNERAL DIRECTO	Catonsville	Md ADDRESS
11 1N 24 1970 Valent &	Table, R.D.	The state of	Adol phus	Halstead 1206	W orth Av
/S 150-REV. 1/1/68					n



VS 150-REV. 1/1/68



VS 150-REV. 1/1/68

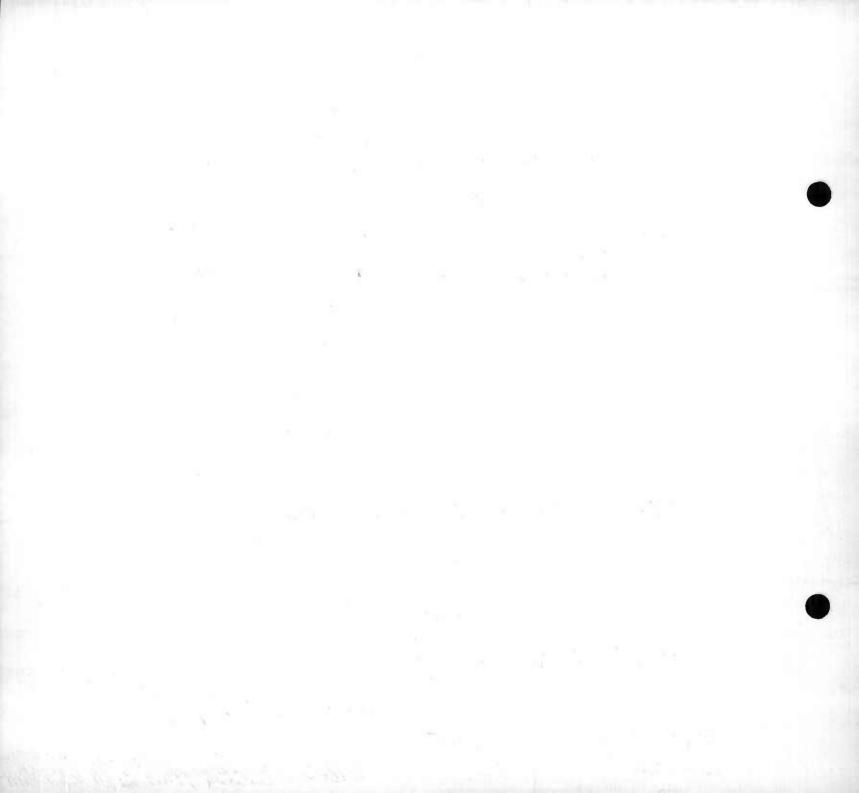
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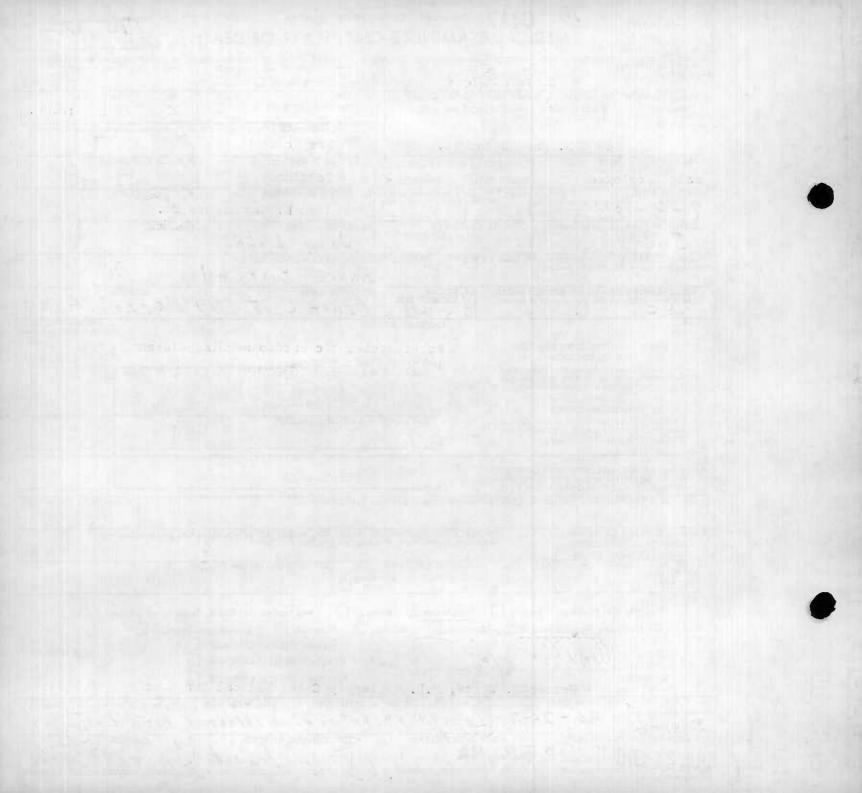
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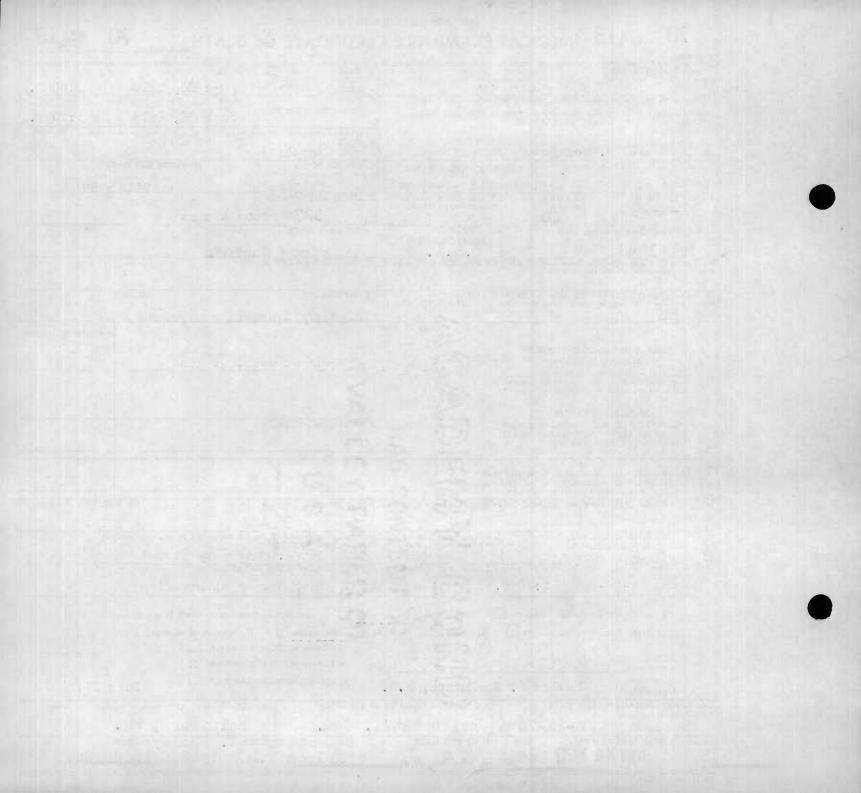
DIRECTOR:

FUNERAL



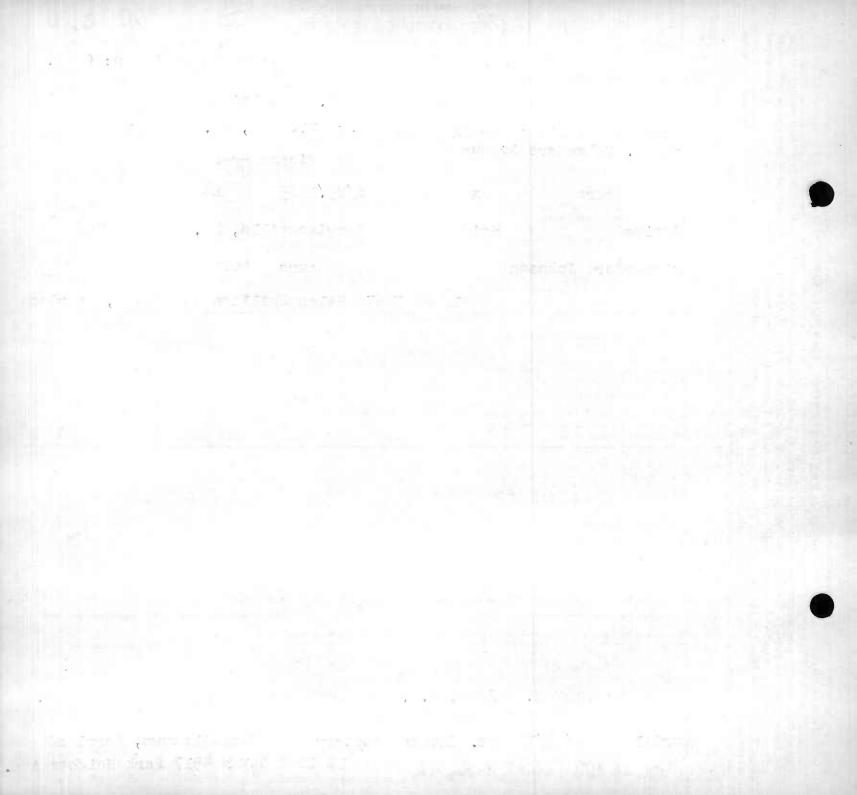


	70	6418	MED	ICAL	EX	CAMINER'S			F DEAT	H REG. NO.	70	6418
	RTH NO.											
	Pe or Print)	DECEASED	CARRIE	THO	MAC		2. DATE OF	Known 🔯	Manth	Day	Yeor	Hour
							DEATH	Estimoted [		20, 197		3:00 P.M.
						UNCED DEAD	3. DATE	HINCED DEAD	Month	Doy	Yeor	Hour
	ILL NAME OF	(IF N	NOT IN HOSPITA RESS OR LOCA	AL OR INST TION)	TITUTIO	N, GIVE STREET	PRONC	UNCED DEAD	June	20, 197	0	3:00 P.M
OF	RINSTITUTION						5. USUAL	RESIDENCE (Wh	ere deceased li	ved. If institution:	residence	before admission)
12	000	145 W	Montgo	norm (	Str	oot	A. STATE	Maryland		B. COUNTY		27/1
6.	SEX	7. RACE	Homegon			NEVER MARRIED	C. CITY O			TD. INSIDE CIT	V LIMITS?	0110
			~	1	-	-	0. 0					
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у.	B-2-		10. AGE (In lost birthdo			der I Yr, If Under 24 Hrs. is, Doys , Hours , Min.	E. SIREEI	527 Wins	ton Ave	nue		
11.	BIRTHPLAC	E (State or for	eign country)		12. C	TIZEN OF	13. FATHE					
	Marv.	lond			W	HAT COUNTRY?	D					
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			N U.S. ARMED e wor or dotes			17. SOCIAL SECURITY NO.	18. INFOR	MANI		AU	DRESS	
	no						Stan	lev Tho	mas	same		
	19.	9/1/				CAUSE OF DEA	тн					PPROXIMATE INTERVAL
	DISE	ASE OF COM	NDITION DIRE	CTIV								
	D 13L		TO DEATH	CILI			Aucr C1	inshot wo	und of	hand		
	(This doe	s not mean th	he made of dy	ing, e.g.,		(A) IMMEDIATE O			dild OL	nead		
	heart foil	ure, osthenio, e complication w	etc. It means the	disease,								
		ANTECEDEN				(B)						
	DISE ASE	S OR CONDI	ITIONS, IF ANY	, GIVING		DUE TO, OR	AS A CONSI	QUENCE OF:				
7	1 UNDERL	YING COND	ITION LAST.	.,,,,		(c)						
Ó						(0/						
₹	OTHER SI	GNIFICANTC	ONDITIONS C	ONTRIBUT	ING							
l 문	TO THE	DEATH BUT N	OT RELATED TO	THE TERMI								
CERTIFICATION	20A. DATE				FORV	WHICH OPERATION WA	S PEREOR	MED			21 ALITO	OPSY? (Yes or No)
8	1	OI OI LILATI	200. CO.	TO INC.	ı Ok ı	THICH OF EXAMON TO	13 FERFOR	ALCD				
ب	distribution of											es
િં		ERNAL CAUS			home,	LACE OF INJURY (e.g., form, foctory, street, office	In or obout	22C. WHERE DII INJURY OCCUR	O (if in BoltImo	re City, give exoc	t location)	101
	UTING [	CAUSE OF D				House		145 W. M.	longomer	y Street	de.	201
Σ	OF INJURY	(Month)	(Doy) (Yeor	) (Hour	) 22	E.INJURY OCCURRED		22F. HOW DID	NJURY OCC	UR?		
	(APPROX.)	6-20-	70 2	:49 P	m. W	HILE AT NOT	WHILE X	Shot dur	ing alt	ercation		
1	23.				intaj re	ORK E AI W	OKK L	<del></del>				
	l c	ertify that I	held an I	nquiry [		Inspection Au	topsy X	and that an	this basis,	death in my	pinlan	
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		ATURE	16-10	7, 0	>	Jala M.D	. ASS	ISTANT MEDICA	LEXAMINER	LX		
		INER'S E (Type)	Charle	s S.	Spr	ingate, M.D.	ASS	OCIATE MEDICA	L EXAMINER		June	21, 1970
	A. BURIAL C		24B. DATE		240	NAME of CEMETERY	ar CREMAT	ORY 24	D. LOCATION	(City, lown,	or county	) (Stote)
RE	Buri		6-24-	70		Balto Nat!	L. Cer	1	Balt.	imore,	Md	7 3 1 1 1
26		D BY HEALT				OF REGISTRAR						
23		JUN 24						FUNERAL DIREC		Bailey		CT
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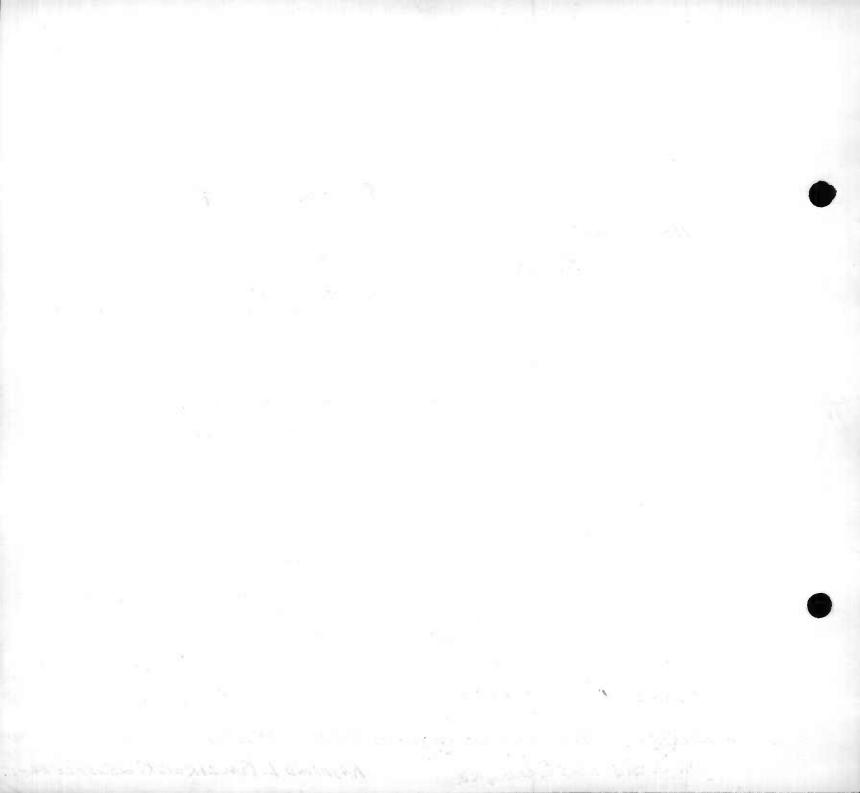
	TH NO.		6419 CERTIFIC	ATE OF DEATH	REG. NO	70 6419
	pe or Print) Br:	ittain, Lou	uis		and hour of death $0-70$	12:50 A.
3.	PLACE IN BALTI	MORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (W.	here deceased lived. If in	nstitution: residence before admission)
FU HC	LL NAME OF		TAL OR INSTITUTION, GIVE STREET	Maryland c. CITY OR TOWN	D. INS	IDE CITY LIMITS?
	39		t Hospital	Baltimore		YES NO 🗌
			ison Street e, <sup>M</sup> aryland 21217	5725 Pimlic		
1	Male	Negroid	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	10-31-22	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 His. Manths Doys Hours Min.
OA lon	USUAL OCCUP	ATION (Give kind of war	108 KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or fo	neign country)	12. CITIZEN OF WHAT COUNTRY
		Bonding Ag		Va.		U. S. A.
3.	FATHER'S NAMI		nn Brittain	14. MOTHER'S MAIDEN N. Addie	AME	
5. Yes	Was Deceased E	ver in U. S. Armed Fo	orces? las of servica) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no		230-14-941	7 Mrs. Mary B	rittian-Wif	e Same
	(This does nat	EADING TO DEATH mean the made a sihenia, etc. Il means icalian which caused	s mo disease.	AUSE KCSPIRATE AS A CONSEQUENCE OF:	ory wsul	FRICIENCY DAY
ERTIF	DISEASES OR THE TENTE OF OR THE DEATH DISEASE OR CON 194-DATE OF O	WAS UNDERLYING NG CAUSE OF	ony, giving sloling lhe (C)	LEURAL	EFFUSI (NO) 20B. IF YES, WERE IN CERTIFYING CA	25
CAL CER	DISEASES OR ise to the UNDERLYING  OTHER SIGNIFIC. TO THE DEATH DISEASE OR CON 1994-DATE OF O 21A- A CCIDENT OR CONTRIBUTE DEATH (notify m	CONDITIONS, il abave cause (A) CONDITION last.  II ANT CONDITION COBUT NOT RELATED TO NOTITION GIVEN IN PA PERATION 198. COP WAS PERATION 198. COP WAS UNDERLYING NOTITIONS TO CAUSE OF	any, giving slaling lhe  (C)  ONTRIBUTING THE TERMINAL RT 1 (A).  PORTOR WHICH OPERATION OPERATION  218. PLACE OF INJURY (e.g. homo, form, factory, street, etc.)	20A. AUTOPSY? (Yes or IN) affice bldg., INJURY OCCUR?	EFFUSI  BOB IF YES, WERE IN CERTIFYING CA	ON DAYS  FINDINGS CONSIDERED  LUSES OF DEATH?
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MEDICAL CER	DISEASES OR TISE IN THE UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CON 19A. DATE OF OUT OR CONTRIBUTION DEATH (notify more injury (APPROX.)  21A. ACCIDENT OR CONTRIBUTION OF INJURY (APPROX.)  22. I certify the that (1) (we) lead that	CONDITIONS, il abave cause (A) CONDITION last.  II ANT CONDITION COBUT NOT RELATED TO NOTITION GIVEN IN PAPERATION 198. COPE WAS PERMITTED TO WAS PERMITTED TO WAS PERMITTED TO WAS PERMITTED TO WAS PERMITTED TO WAS PERMITTED TO WAS PERMITTED TO WAS PERMITTED TO WAS PERMITTED TO WAS PERMITTED TO WAS UNDERLYING NOTITED TO WAS UNDERLYING NOTITED TO WAS PERMITTED TO	any, giving slaling like  (C)  DNITRIBUTING THE TERMINAL RT 1 (A).  WIDTION FOR WHICH OPERATION  218. PLACE OF INJURY (e.g. homo, form, factory, street, etc.)  (Hour)  218. PLACE OF INJURY (e.g. homo, form, factory, street, etc.)  While At Not W. Wark  At Work  At Work  DEGREE  API	20A. AUTOPSY? (Yes or INO 20A. AUTOPSY? (Yes	Phys. Street Bal	FINDINGS CONSIDERED USES OF DEATH?  TO City, give exact lacation)  O=70 19  Inian death accurred an the date  23B, DATE SIGNED  June 22, 1970
WEDICAL CER	DISEASES OR TISE IN THE UNDERLYING OTHER SIGNIFIC TO THE DEATH DISEASE OR CON 19A. DATE OF OUT OR CONTRIBUTION DEATH (notify more injury (APPROX.)  21A. ACCIDENT OR CONTRIBUTION OF INJURY (APPROX.)  22. I certify the that (1) (we) lead that	CONDITIONS, il abave cause (A) CONDITION last.  II ANT CONDITION 10st.  ANT CONDITION SCORD CO	CONTRIBUTING THE TERMINAL RT 1 (A).  Walth of the company of the terminal  21B. PLACE OF INJURY (e.g. hamo, form, factory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not W. Wark  At Work  At Work  At Work  M. D.  DEGREE  M. D.  24C. NAME at CEMETERY of C.	20A. AUTOPSY? (Yes or INO affice bldg., INJURY OCCUR?  21F. HOW DID IN hile 1 21F. HOW DID	CEFASTASE  EFACSI  EFACSI  Roll 208, IF YES, WERE IN CERTIFTING CA  (II In Boltimor  AJURY OCCUR?  19 ta 6-2  thot In(my) (our) api  Stoff Phys.   Street Bal  LOCATION (Ci altimore, I	FINDINGS CONSIDERED  USES OF DEATH?  TO City, give exact lacation)  O-70  Inlan death accurred an the date  USES DATE SIGNED  June 22, 1970  timore, Md  ity, town, or countyl (State)

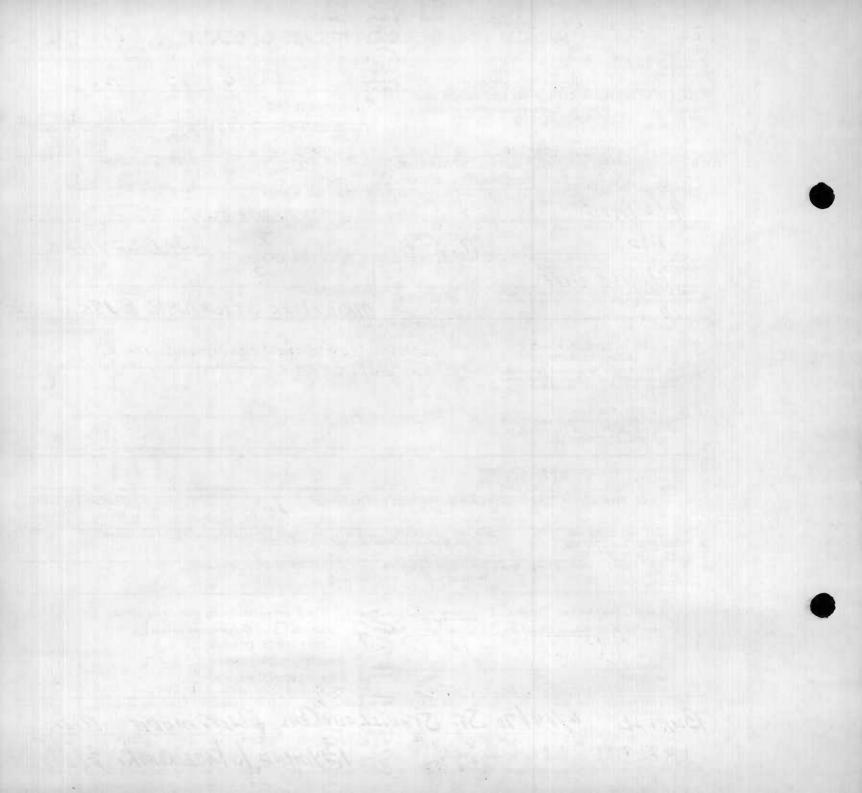
-	e or Print)	BESSIE				une 22, 197	70 +G+0 PM.
3. F	PLACE IN BAI	LTIMORE, MARYLAND, V	WHERE PRON	OUNCED DEAD	A. STATE B. CO	OUNTY	institution; residence before of
HO	LL NAME OF	(IF NOT IN HOSPI' ADDRESS OR LOC		TTUTION, GIVE STREET	Md. B	altimore	ISIDE CITY LIMITS?
1143		in the Pin	es Nu	rsing Home	Randallsto	wn, Md.	YES 🔣 NO 🗌
16		W. Belveder			E. STREET AND NUMBE	200	
5. S	EX	6. RACE	7. AA ADDE	D NEVER MARRIED	586 Winan	lo ACE II	If Under 1 Yr If Under
	F	Negro	WIDOWE		8/25/1885	lost birthday)	Months Doys Hours
		UPATION (Give kind of wor	k 10B. KIND	OF BUSINESS OR INDUSTRY		fareign country)	12. CITIZEN OF WHAT C
done	Ret1	working life, even if retired)		aid	Harrisonvi	lle, Md.	USA
13.	FATHER'S NA				14. MOTHER'S MAIDEN		
	Winn	erford John	son		Laura	3033	
	Was Deceases	Ever in U. S. Armed Fa	rces?		17. INFORMANT		ADDRESS
	NO			218 64 586	7 Helen Ph	illips Mc I	Donogh, Maryl
	18. 4/ 10	2.41		CAUSE OF DEAT	TH .		APPROXIMATE IN
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		not mean the mode of asthenia, etc. It meon			A CONSEQUENCE OF	two rellies	be 1024
				е,			2 - 7
	injury or car	mplicotian which cause	d death.)				· ·
				100	10 .00.	to Pi	900
		ANTECEDENT CAUSE	s	(B) as	to rele	rotee CV	P 104
	DISEASES	ANTECEDENT CAUSE	S any, givir	.9	La rele	rotee ev	P 10 /
	DISEASES	ANTECEDENT CAUSE	S any, givir	.9	to rele S A CONSEQUENCE OF:	rote CV	Po 10 yr
	DISEASES	ANTECEDENT CAUSE OR CONDITIONS, if the above couse (A) G CONDITION last.	S any, givir	.9	La rele S A CONSEQUENCE OF:	rote CV	P 10 4/2 lbay 3 4/2
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TION	DISEASES rise to the UNDERLYIN OTHER SIGNI	ANTECEDENT CAUSE OR CONDITIONS, if le above couse (A) G CONDITION last.  II FICANT CONDITIONS CO TH BUT NOT RELATED TO	s any, giving II stating II  ONTRIBUTING THE TERMINA	(c)	LO rele S A CONSEQUENCE OF:	rote Ci el Ovrey	P 10 yr Way 3 yr
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L CERTIFICATI	DISEASES rise IO IN UN DERLYIN  OTHER SIGNI TO THE DEA DISEASE OR ( 19 A. DATE O  21A. ACCIDE OR CONTRIB	ANTECEDENT CAUSE OR CONDITIONS, if e above couse (A) G CONDITION last.	S any, giving stoting II  DITRIBUTION THE TERMINA RT 1 (A). MOLITION FOR RFORMED  2	(c)	20A. AUTOPSY? (Yes of	Overy  Or No) 208. IF YES, WER IN CERTIFYING C	AUSES OF DEATH?
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MEDICAL CERTIFICATI	DISEASES rise Io Ih UN DERLYIN  OTHER SIGNI TO THE DEA DISEASE OR ( 19 A. DATE O  21 A. ACCIDE OR CONTRIB DEATH (notif 21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we	ANTECEDENT CAUSE OR CONDITIONS, if the above couse (A) G CONDITION last.	any, giving sloting II  ONTRIBUTING THE TERMINART 1 (A). NOTITION FOR FORMED  (Hour) 2	(C)  R WHICH OPERATION  1B. PLACE OF INJURY (e.g., arme, farm, factory, street, of ic.)  1E. INJURY OCCURRED  While At Not White At Work  The deceased from	20 A. AUTOPSY? (Yes of the control o	OVER TO SET TO S	are City, give exact lacation)  The control of the
MEDICAL CERTIFICATI	DISEASES rise to the UN DERLYIN  OTHER SIGNI TO THE DEA DISEASE OR (19A. DATE O  21A. ACCIDE OR CONTRIB DEATH (notification) 21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we ond hour on	ANTECEDENT CAUSE OR CONDITIONS, if the above couse (A) G CONDITION last.	any, giving sloting II  ONTRIBUTING THE TERMINART 1 (A). NOTITION FOR FORMED  (Hour) 2	(C)  R WHICH OPERATION  1B. PLACE OF INJURY (e.g., otc.)  1E. INJURY OCCURRED  While At Not White At Work  The deceased from  (I) (We) (did) (did nat)	in or about 21C. WHERE DI office bldg., INJURY OCCUI	OVER TO SET TO S	are City, give exact location)  Ture 77 19
MEDICAL CERTIFICATI	DISEASES rise to the UN DERLYIN  OTHER SIGNI TO THE DEA DISEASE OR (19 A. DATE O  21 A. ACCIDE OR CONTRIB DEATH (notif) 21 D. TIME OF INJURY (APPROX.)  22. I certify that (1) (we ond hour on 123 A. SIGNAT)	ANTECEDENT CAUSE OR CONDITIONS, if the above couse (A) G CONDITION last.  II FICANT CONDITIONS CO TH BUT NOT RELATED TO CONDITION GIVEN IN PA F OPERATION 19B. COI WAS PEI WAS UNDERLYING UTING CAUSE OF y medical examiner  (Month) (Day) (Year)  That the the the the the the the the the th	any, giving sloting II  ONTRIBUTING THE TERMINART 1 (A). NOTITION FOR FORMED  (Hour) 2	(C)  R WHICH OPERATION  1B. PLACE OF INJURY (e.g., otc.)  1E. INJURY OCCURRED  While At Not White At Work  The deceased from  (I) (We) (did) (did nat)	20A. AUTOPSY? (Yes of the control of	IN CERTIFYING CO.  IN CERTIFYING CO.  IN CERTIFYING CO.  INJURY OCCUR?  1900 to  d that in(my) (our) o	are City, give exact lacation)  The control of the
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MEDICAL CERTIFICATI	DISEASES rise to the UN DERLYIN  OTHER SIGNI TO THE DEA DISEASE OR ( 19 A. DATE O  21 A. ACCIDE OR CONTRIB DEATH (notif  21 D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we ond hour on 23 A. SIGN ATI NAME (	ANTECEDENT CAUSE OR CONDITIONS, if the above couse (A) G CONDITION last.  II FICANT CONDITIONS CO TH BUT NOT RELATED TO CONDITION GIVEN IN PA F OPERATION 198. COI WAS PEI  INT WAS UNDERLYING UTING CAUSE OF y medical examiner)  (Month) (Day) (Year)  I that (I) (this hospital y t	ONTRIBUTION THE TERMINA RT 1 (A). NOT (Hour)  2 (Hour) 2 (Hour) 2 (No KOI	(C)  R WHICH OPERATION  1B. PLACE OF INJURY (e.g., arme, farm, factory, street, otc.)  IE. INJURY OCCURRED  While At Not White At Work  the deceared from (I) (We) (did) (did nat) white deceared from (II)  (did nat) white deceared f	in or obout 21C, WHERE DI office bidg, INJURY OCCUPATION OF THE PROPERTY OF TH	IN CERTIFYING CORP.  IN CERTIFYING CORP.  INJURY OCCUR?  1970 to do do do that in(my) (our) o both.  Steff Phys.  Sterstown I	Pull 27 19 pinion deoth occurred on
MEDICAL CERTIFICATI	DISEASES rise to the UN DERLYIN  OTHER SIGNI TO THE DEA DISEASE OR (19.4. DATE O  21.A. ACCIDE OR CONTRIB DEATH (notifi 21.D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we ond hour on 23.A. SIGNATI NAME (1)	ANTECEDENT CAUSE OR CONDITIONS, if ie above couse (A) G CONDITION last.  II FICANT CONDITION S CO TH BUT NOT RELATED TO CONDITION GIVEN IN PA F OPERATION 198. COI WAS PEI UTING CAUSE OF y medical exominer)  (Month) (Doy) (Year  The Course of the couses store WRE  WAS TERM  ANTS Type)  LESTER  MATION, 248. DATE (Specify)	ONTRIBUTING THE TERMINA RT 1 (A). NOTION FOR RFORMED  O (Hour) 2  O (Hour) 2  No KOI	(C)  R WHICH OPERATION  1B. PLACE OF INJURY (e.g., ame, farm, factory, street, otc.)  1E. INJURY OCCURRED  While At Not White At Work  The deceased from (I) (We) (did) (did nat)  OEGREE Phy  MAN, M.D.  OEGREE	in or obout 21C. WHERE DI office bldg., INJURY OCCUI  21F. HOW DID  22F. HOW DID  23D. ADDRESS  6821 Rei	INJURY OCCUR?  [IN In In Baltim Phys.]  Sterstown  D. LOCATION	Prince 27 19  pinion deoth occurred on  23B. DATE SIGNED  Road Balto Md



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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1 250 - OI	BALTIMORE CITY	HEALTH DEPARTMENT	1	70 0494
C-352 70 6421	CERTIFICA	TE OF DEATH	REG. NO	70 6421
1. NAME OF DECEASED		2. DATE	AND HOUR OF DEATH	H
CUDAL'Y MARY AN	الم	(0	114/20	1645
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE (		institution: residence before admission)
HOSPITAL OR (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	mandi	AND	ISIDE CITY LIMITS?
GRANADA NORSING Home	- JAC	BAHIM E. STREET AND NUMBE	ORE	YES NO
CLIBIT LIBERTY HTS DU	R	2531		Avec
5. SEX 6. RACE 7. MARRIED 1	DIVORCED .	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUS		11. BIRTHPLACE (Stote or	80	
done during most of working life, even if retired)	array or integral	Q 1 ~	toreign country)	12. CITIZEN OF WHAT COUNTRY?
170USEWIFE		(O(AN)		14.5.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
5. Was Deceased Ever in U. S. Armed Forces?   16.		,		
	SOCIAL SECURITY NO.	MR. JOS. NOV	AK	ADDRESS
NO		MED. CAL	(Racus)S	7831 KENTLEY KD.
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATI			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	SE CIVIA.		
(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the discose,	DUE TO, OR AS	A CONSEQUENCE OF:	<del></del>	######################################
injury or complication which caused death.)		0	whop	
ANTECEDENT CAUSES	INASCVO.	- Right he	nuklesia	
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the abave couse (A) stating the UNDERLYING CONDITION last.	in mustas	- Right Le. A CONSEQUENCE OF: dilerio nates	no so lear again	
11	(C)		A conceptute	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	***************************************			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	H OPERATION	20A. AUTOPSY? (Yes or	Noll 208 IE VES WERE	FINDINGS CONSIDERED
WAS PERFORMED	_			AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE	CE OF INJURY (e.g., ir m, foctory, street, of	or obout 21C. WHERE DIE	(if In Baltima	ore City, give exact location)
21D-TIME (Month) (Day) (Year) (Hour) 21E INJU	JRY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX.) While At	Not While			
22. I certify that (i) (this hospital) attended the de		264 6	19 10 to Les	me 11 1970
	ue 11	70		Inlon death occurred on the date
and haur and fram the causes stated above. (1) (We	o) (did) (did not) v		h.	again accorded on the gold
23A. SIGNATURE	TO THE STATE OF TH	110 5007 01101 0001		23B, DATE SIGNED
Kasantay area in		nding Med.	Staff Phys.	Line 14-70
23C. PHYSICIANS RAME (Type) RAFAEL A SANTAYANI	1 m0 2	30. ADDRESS 6010 Easte		allo Md 2/22x
4A. BURIAL CREMATION, 24B. DATE 24C. NAME	DEGREE OF CRE	MATORY 24D	LOCATION (C	City, town, as county) (State)
BURIAL 9/17/70 ST. J.	TANISLAU		BALTIMOR	E MD.
JUN 24 1970 C. A. C. Z. O.	GISTRAR	25C. FUNERAL DIRECT		( ADDRESS
JUN 24 1970 Paber E Jaber A	<b></b>	T GNOULLAND	. I IMCZON W	USAL ASASFLEET

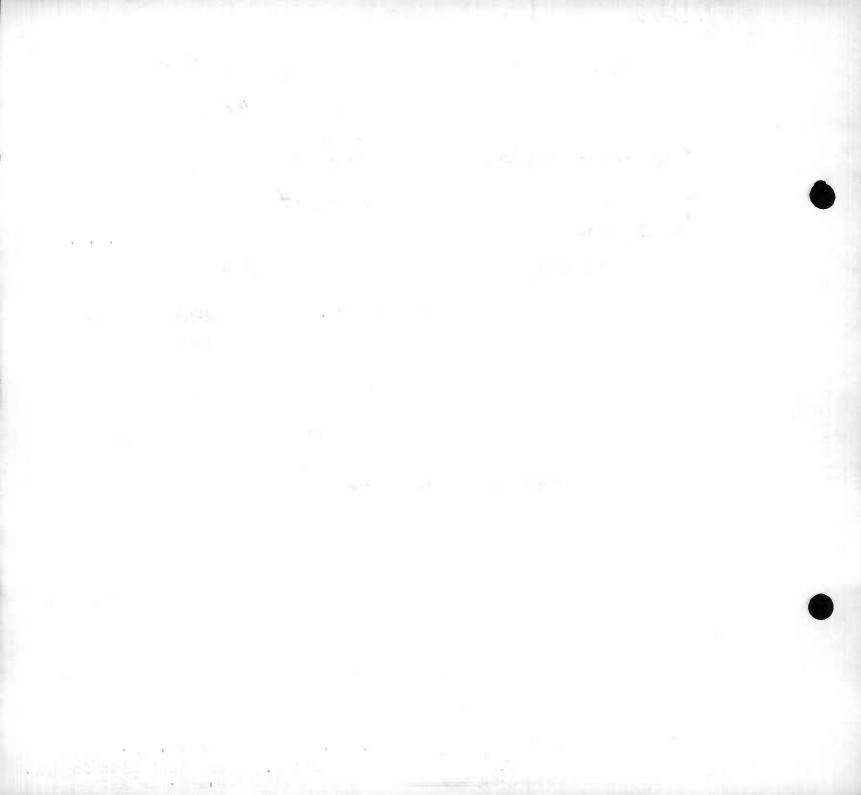


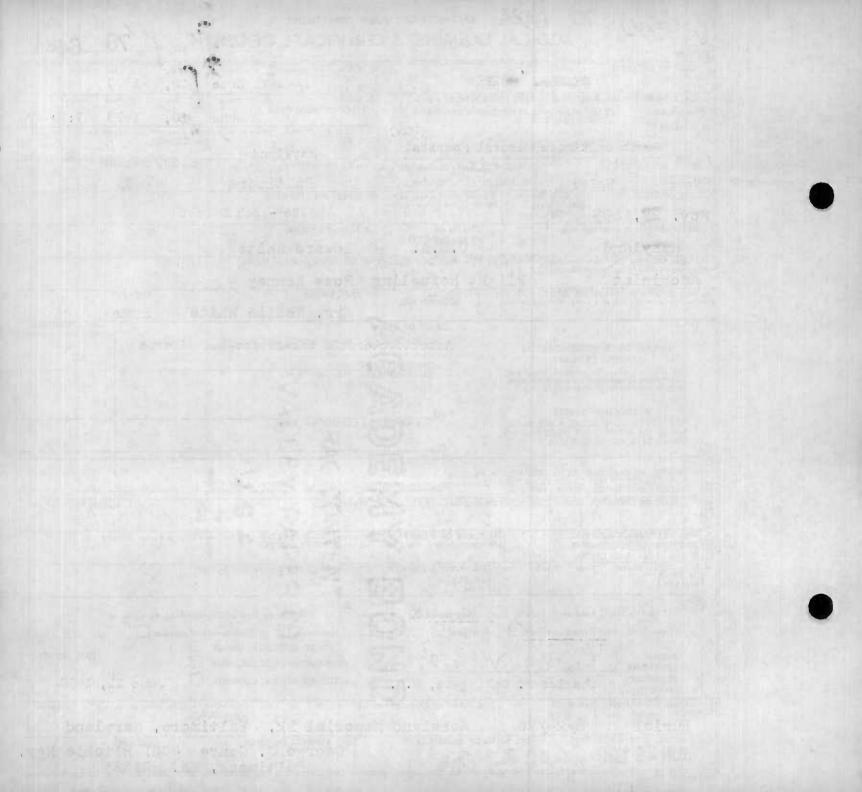


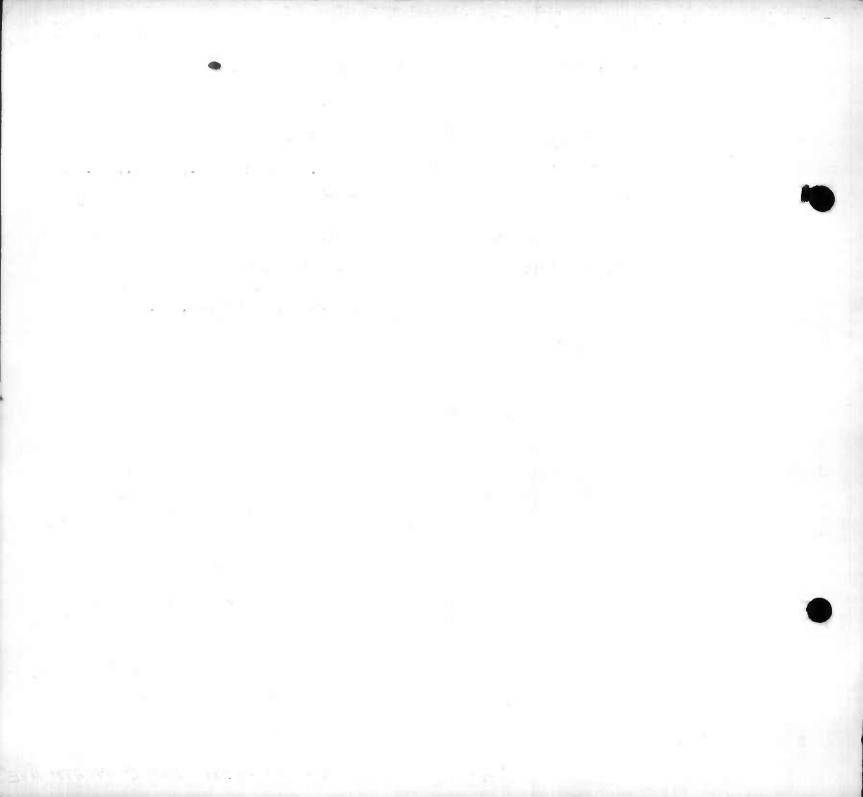
VS 150-REV. 1/1/68

Baltimore.

Md.







VS 151-REV. 1/1/68

	0	007	0 6	426		BALTIMORE CITY HE	ALTH DEPA	RTMENT				
BI	Y-26 RTH NO.	0	MED	ICAI	L EX	KAMINER'S	CERTIF	CATE OF	DEAT	H REG. NO	,70	6426
1.	NAME OF DE	CEASED					2. DATE	Known 🔲	Month	Day	Yea	r Hour
(Iv	pe or Print)	Pres	ton H.	Pace	, J	r.	OF DEATH	Estimated	6	21	70	2:30 p W
4.	PLACE IN BA	TIMORE, MA	ARYLAND, W	HERE P	RONC	OUNCED DEAD	3. DATE		Month	Doy	Yeo	e Hour
HC	LL NAME OF	(IF NO	T IN HOSPITA	LORINS	STITUTIO	ON, GIVE STREET	PRONC	DUNCED DEAD	6	21	70	2:30 p. A
OR	RINSTITUTION	Carl	oine St	t. Ba	ıy		5. USUAL A. STATE	Md.	re deceosed l	B. COUNT		ce before admission)
6.	SEX	7. RACE		8. MAR	RIED	NEVER MARRIED	C. CITY O			D. INSIDE	CITY LIMIT	5?
	male	Neg	ro	WIDO	WED [	DIVORCED [		Balto.			YES X	№ □
	DATE OF BIRT	н	10. AGE (Ir lost birthdo	y)		nder † Yr. II Under 24 Hrs. hs Doys Hours Min.		AND NUMBER	r Thor	e Rd.		
<del>11.</del>	BIRTHPLACE (	State or farel			12. C	ITIZEN OF	13. FATHE	R'S NAME				
	Virgin:	i a			٧	VHAT COUNTRY?	Pres	ton H. I	Page S	m.		
144	JUSUAL OCCI.	PATION (GI	re kind of work	14B. KINI	OF I	BUSINESS OR INDUSTR						
don	teel We	working lile, e	ven (fretired)	Ret	:hl	ehem Steel	Beul	eh				
16.	WAS DECEAS	ED EVER IN		FORCE	5?	17. SOCIAL	18. INFOR				ADDRESS	
(Ye	yes, no or unknown	Kore	wor or dates	oi service	0)	SECURITY NO. 220-24-233	О Ноп	miatt M.	Pace	1997	Silv	er Thorne
-	19.	HOLO	(A11			CAUSE OF DEA			Tace	, LLANI		APPROXIMATE INTERVAL
	28	16	, 0					Drowning			8	ETWEEN ONSET AND DEAT
	DISEAS	LEADING TO	OMON DIRECT	CILY		4.411414771477	Alter					
	heart fallure	, osthenia, et	mode of dy c. It means the ich coused dec	disease,		DUE TO, OR		QUENCE OF:				
		NTECEDENT		GIVING		(B) DUE TO, OR	AS A CONS	EQUENCE OF:				
z	I UNDERLYII	E ABOVE CA	IONS, IF ANY LUSE (A) STATI TION LAST.	ING THE		(c)						
은			II									
CERTIFICATION	OTHER SIGN TO THE DE DISEASE OF	ATH BUT NO	NDITIONS CO T RELATED TO I GIVEN IN PA	THE TERA	MINAL	Acu	te ethy	7lism				
ERI	20A. DATE O	F OPERATIO	N 20B. CON	IDITION	FOR	WHICH OPERATION W	AS PERFOR	MED			21. AU	TOPSY? (Yes or No)
100	The same of the sa											yes
EDICAL	22A. EXTER UNDERLYING UTING CA		ITRIB-		home	LACE OF INJURY (e.g., form, loctory, street, offic	In or obout bldg, etc.)	22c. WHERE DID INJURY OCCUR? Carloin	•		exoct locatio	n)
	22D. TIME		Day) (Year	) (Hou		E.INJURY OCCURRED	5)	22F. HOW DID IN	VJURY OCC	UR?	2-12	
	OF INJURY (APPROX.)	?				HILE AT NOT	WHILE K	Subject	drove	into t	oav	
	23.				m. W	OKK LATE	OKK LJ-	3				
	1 cert	ify that I h	eld on I	nquiry		Inspection Au	topsy 🔀	and that on	this basis,	deoth in m	ny opinion	
-	resul	ted from: h	Noturol cau	ses 🗌	A	coldent X Suicio	le H	omicide	Undeterm	ined manne	- 🗆	
Н	ACTUAL	All	10.18/	1	_	1		CHIEF MEDICAL				DATE SIGNED
	SIGNAT	URE	MA	4	X	/ M.D		ISTANT MEDICAL				6-22-70
_	NAME (	Type)	Werner	U. S			De	puty Chie	f Medi		miner	
	A. BURIAL CRE		24B. DATE		24	C. NAME of CEMETERY	or CREMAT	ORY · 24D	LOCATION	(City, Ic	own, or cour	nty) (State)

Burial 6/25/70 Balto National Cem. Balto., Nd.

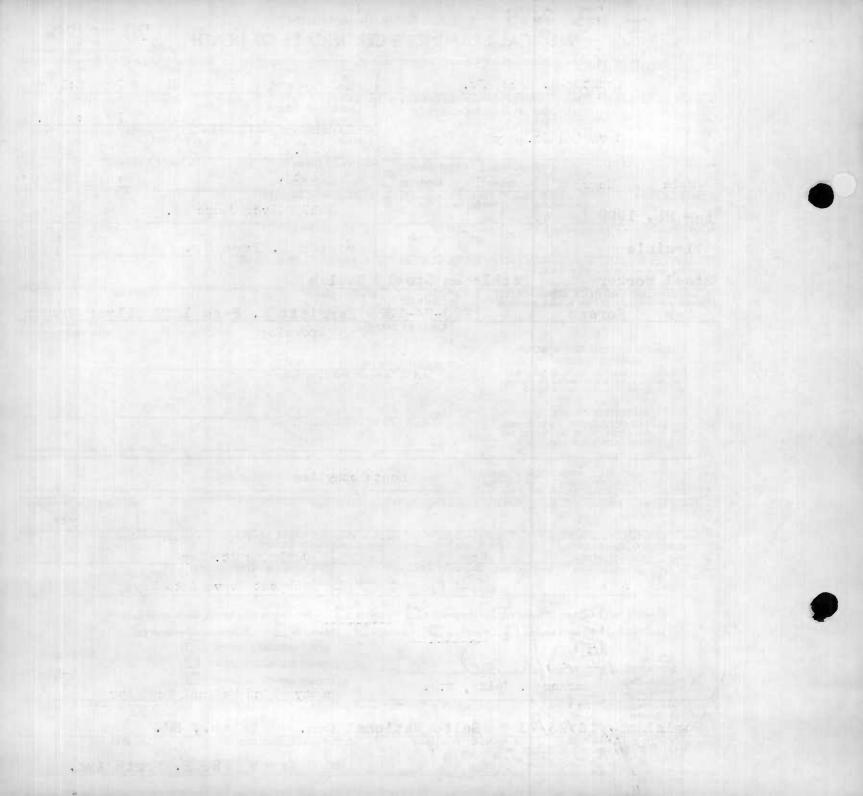
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

JUN 24 1970 Pales & Tables & Wm. C. March 928 E. N

Wm. C March

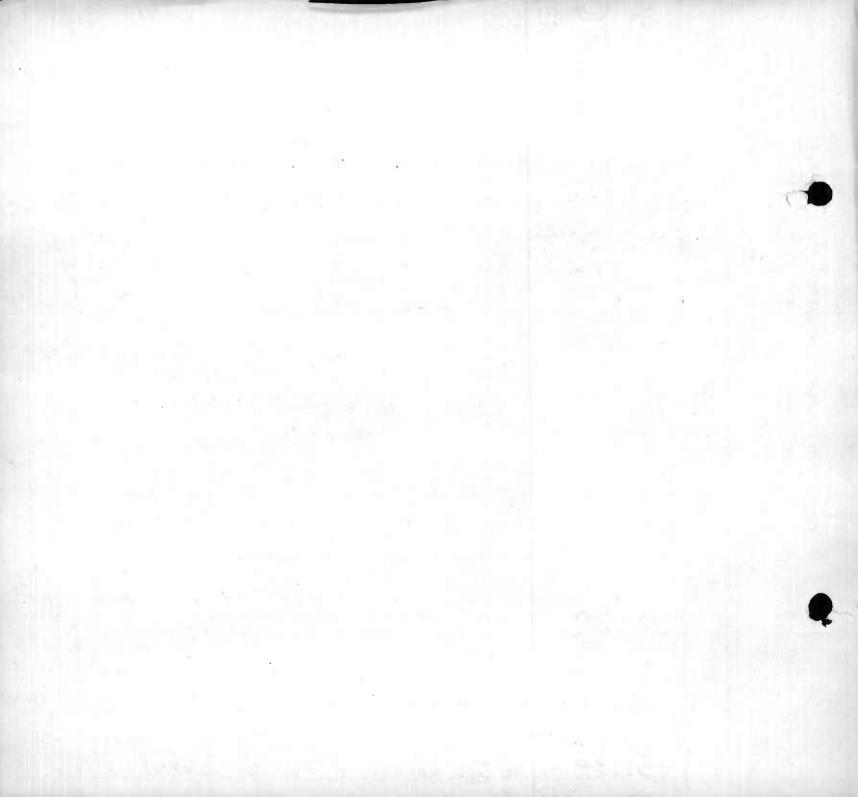
ADDRESS

928 E. North Ave.

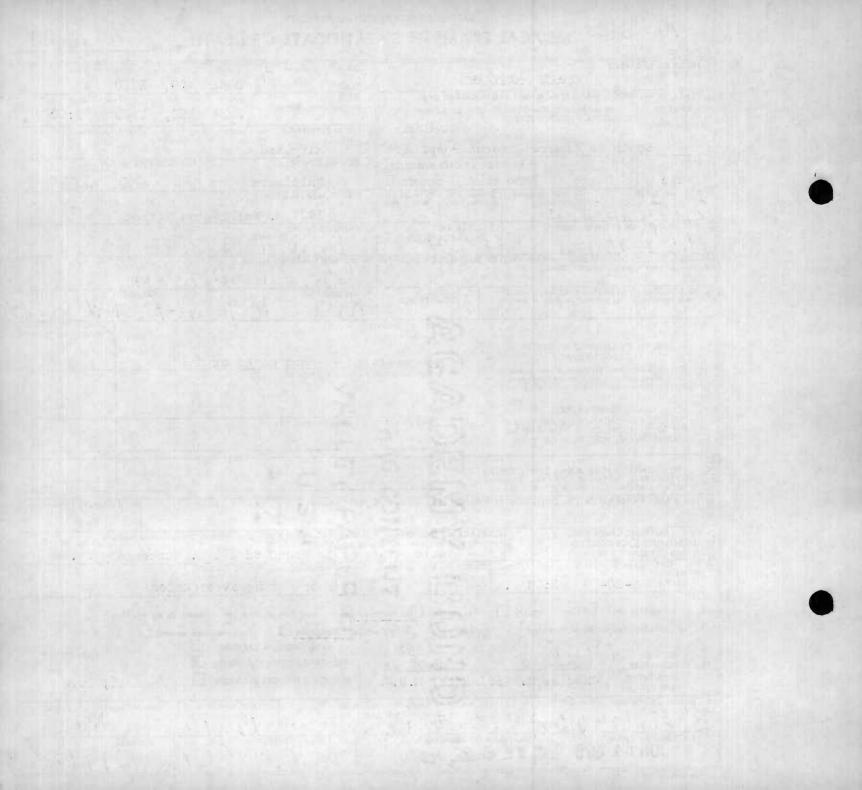


Letter from M. E 's office M. H.

70 64	110		200 110	10	0000
	CERTIFICA	TE OF DEATH	REG. NO		0-1-0
BIRTH NO.		2. DATE AN	D HOUR OF DEAT	Н	
Type or Print)		Tyre	20 20 707	0	5.30 A .
BELL, Charles 3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	RONOUNCED DEAD	4. USUAL RESIDENCE (When	ne 24, 1970 re deceosed lived. If	institution: reside	ence before odmission
5. 3%		A. STATE B. COUN	TY		718
FULL NAME OF (IF NOT IN HOSPITAL OR HOSPITAL OR AODRESS OR LOCATION)	NSTITUTION, GIVE STREET	Maryland			000
NSTITUTION AGDRESS OF EGGATION)		C. CITY OF TOWN	D. IN	ISIDE CITY LIMIT	S?
91		Politimone		YES 😴	NO 🗌
10		E. STREET AND NUMBER			
Bolton Hill Nursing & Conv	valescent Ctr.	1828 N. Dall	as Street	2120	)5
	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Months: Do	Yr. If Under 24 Hrs
(1, //	OWED DIVORCED	1-12-16	lost birthday)	Wighths Do	ys Hours Ivin.
A. USUAL OCCUPATION (Give kind of work 10B, KIN			ign country)	12. CITIZEN	OF WHAT COUNTE
one during most of working life, even if retired)	STAG				
Takerer Fichlehem	Suel Co.	Virgini	a	U.	S.A
B. FATHER'S NAME	1 600	14. MOTHER'S MAIDEN NA	ME	41	
Unknown MUN /	CENTER POUL	Holonous	Keller	. Usau	nu.
Wos Deceased Ever in U. S. Armed Forces?	1 6 SOCIAL	Unknown  17. INFORMANT	Sarano	/ AE	DRESS
es, no or unknown) (If yes, give way or dotes of ser	vice) SECURITY NO.	man'	B 11	1 Vado	12/11/
Mr -	219-03-0819	11/agale	Delle 1	1028 01	. Dallos
18. 2 5-0 7	CAUSE OF DEAT	н ///			PPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		00		10014	A A A
LEADING TO DEATH	(A) IMMEDIATE CAL	ISECOMPACT Though	was with		4/18/2
(This does not meon the mode of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	2 1		
heart foilure, asthenia, etc. It means the dis injury or complication which coused death.)		- ugas	- cryping	w	
			2		
ANTECEDENT CALICEC	A		// / /		
ANTECEDENT CAUSES	(B)	temalente 1	Part disa	se s	11.11
DISEASES OR CONDITIONS, if ony,	9 9	A CONSEQUENCE OF:	furt des	21	Les
	1he	Levaluate A	furt diss	2	Herr
DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoting UNDERLYING CONDITION lost.	9 9	A CONSEQUENCE OF:	fut diss	24	yeus
DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoting UNDERLYING CONDITION lost.	1he (C)	A CONSEQUENCE OF:	lutdiss	24	yeus
DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoting UNDERLYING CONDITION lost.	the (c)	A CONSEQUENCE OF:	fut diss	24	HW.
DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoting UNDERLYING CONDITION lost.	TING	Profets	DI 208. IF YES. WER	E FINDINGS CO	MSIDERED
DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoting UNDERLYING CONDITION lost.	TING INAL FOR WHICH OPERATION	A CONSEQUENCE OF:    Consequence of:   Consequence of:   Consequence of No.   Consequence of	20B. IF YES, WER	E FINDINGS CO	NSIDERED TH?
DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoting UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	TING INAL FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING C	CAUSES OF DEA	TH?
DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoting UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED CONTRIBUTED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	TING INAL  FOR WHICH OPERATION  21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, o	20A. AUTOPSY? (Yes or No	IN CERTIFYING C	EE FINDINGS CO CAUSES OF DEA	TH?
DISEASES OR CONDITIONS, if ony, grise to the obove couse (A) stoting UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical exempler)	ING INAL  FOR WHICH OPERATION    218, PLACE OF INJURY (e.g., i	20A. AUTOPSY? (Yes or No	IN CERTIFYING C	CAUSES OF DEA	TH?
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П	70 6429 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 642	29
-	RTH NC.	REG, NO.	
(Ty	NAME OF DECEASED  Pe or Print)  DONALD MATTHEWS	2. DATE Known Month Day Year Hour	
1		DEATH Estimoted U June 20, 1970	М.
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD Towns 20 1070 2 00	
HC	SPITAL ADDRESS OR LOCATION)	June 20, 1970 3:00	P
O.	(DOA)	5. USUAL RESIDENCE (Where deceased lived, if institution: residence before admit	ssion)
1	South Baltimore General Hospital	A. STATE Maryland B. COUNTY	1
6.	SEX 7. RACE B. MARRIED NEVER MARRIED		
1	Male Negro WIDOWED DIVORCED		
9.	DATE OF BIR H   10. AGE (In years   If Under   Yr. If Under 24 Hr	tra. E. STREET AND NUMBER	
1	lost birthdoy)   Months   Doys   Hours   Mis	Ain.	
12	BIRTHPLAGE(State or foreign country)   12. CITIZEN OF	1805 N. Washington Street	
	WHAT COUNTRY?	13. FATHER'S NAME	
1	1, Orolina 4-, 77.	De Will Malhews	
don	.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUST e during most of working life, even if retired)	TRY 15. MOTHER'S MAIDEN NAME	
		I Gracie, Pobsan	
16. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS	1
5	SECORITY (O.	Nuth & Matthews-1805NWachin	T-41
	19. CAUSE OF DE		
	DISEASE OF CONDITION DIRECTIVE	BETWEEN ONSET A	ND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	01	
	(This does not mean the made of dying, e.g., (A) IMMEDIATE	recause Gunshot wound of head  DRAS A CONSEQUENCE OF:	
	heart foilure, osthenia, etc. it meons the disease, injury or complication which coused deoth.)	ON AS A CONSEQUENCE OF:	
	ANTECEDENT CAUSES (B)		
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DR AS A CONSEQUENCE OF:	
z	UNDERLYING CONDITION LAST. (C)		
CERTIFICATION	11		
S	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
Ĕ	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
ERT	20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION Y	WAS PERFORMED  21. AUTOPSY? (Yes o	r No)
O			
₹	22A. EXTERNAL CAUSE WAS   22B, PLACE OF INJURY/8 G	g., In or obout 22C. WHERE DID (If the Boltimore City, give exact location)	
EDIC,	UNDERLYING WIOK CONTRIBL Inome, form, foctory, street, offi	trice bldg., etc.) INJURY OCCUR?	20
	UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED	In front of 141 W. Montgomery St.	
		D. 22F. HOW DID INJURY OCCUR?	
	(APPROX.) 6-20-70 2:49 Pem. WHILE AT NO	of while Shot during altercation	
	23.		
		Autopsy X and that an this basis, death in my apinian	
Н	resulted fram: Natural causes Acctdent Sulci	cide Hamlcide X Undetermined manner	
		CHIEF MEDICAL EXAMINER	
	ACTUAL SIGNATURE LINES J. Jahra	A.D. ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	IED
	EXAMINER'S Charles S. Springate, M.D.	a.b.	
	NAME (Type) Charles Se Springate, MeDe	ASSOCIATE MEDICAL EXAMINER  June 21, 1970	
24/	BURIAL CREMATION, 248. DATE 24C NAME of CEMETERY	RY or CREMATORY 24D. LOCATION (City, town, or county) (Stot	e)
1	MOVAL (Specily)	atividad D It Mal	-
25/	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	arioval CIVI- Dallo. Ma.	
1-07	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS	
1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	JUN 24 1970 Publik E. Jaber, M.D.	Mitter S. Chetar 1129n Con	olni



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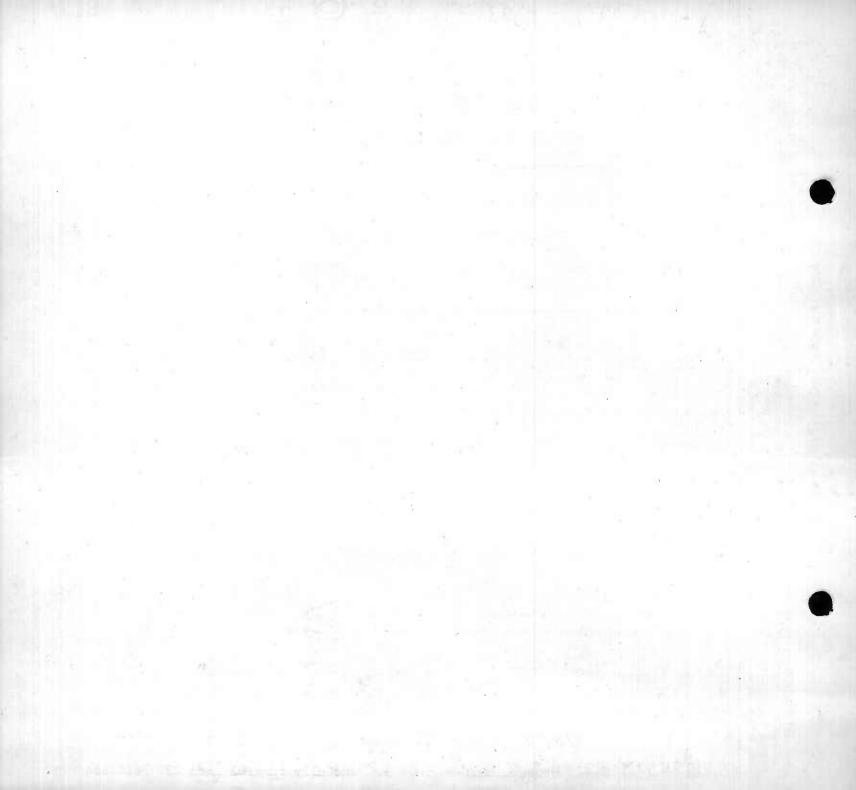
1 = 15	BALTIMORE CITY	HEALTH DEPARTMENT		70 0.04
D-5/2 70 643		TE OF DEATH	REG. NO	70 6431
010	T CEKINICA			
1. NAME OF DECEASED (Type or Print)	Dames		ND HOUR OF DEATH	
Anthony F.		June		11.30 A. M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	A. STATE B. COU	ere deceosed lived. It in: NTY	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland		2///
INSTITUTION		C. CITY OR TOWN	D. INSII	DE CITY LIMITS?
00 108 Overhill Ros	a	Baltimore		YES NO
	AL .	E. STREET AND NUMBER		
		108 Overh		
36	IED MEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. 11 Under 24 Hrs. Months: Doys Hours Min.
M WIDON		4-20-1896	74	
OA, USUAL OCCUPATION (Give kind of work) 108, KINI one during most of working life, even if retired)		11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY
Retid Vice Pres Mer	posit & Trust cantile -Safe	Baltimore,	Maryland	U.S. A.
Ret'd Vice Pres Mer	Carron Is -Dail 6	14. MOTHER'S MAIDEN NA	ME	
John Dempsey		Rn.	idget	
	1 6. SOCIAL	17. INFORMANT		ADDRESS
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) Ill yes, give wor or dotes of servi				
Yes WWI	216-03-8089	Mrs. Mildre	d A. Dempse	4
18. 4/0,91	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY				
(This does not mean the mode of dying,		se Acute myocard	ial infarcti	on Sudden.
heart loilure, asthenia, etc. It means the dise	ase, DUE TO, OR AS	A CONSEQUENCE OF:		
injury at camplication which caused death.)				ł
ANTECEDENT CAUSES	(8) General	ized arterioscl	erosis	† years
DISEASES OR CONDITIONS, if any, gi	ing DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stoling UNDERLYING CONDITION last.	(C)			·
11	\~/			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMING DISEASE OR CONDITION GIVEN IN PART 1 (A).	AL			
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208, IF YES, WERE F	INDINGS CONSIDERED
WAS PERFORMED		10	IN CERTIFYING CAU	SES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(II In Boltimore	City, give exoci location)
I IDEATH (notify modical averalmod)	elc.)	ice piogulivioki occok?		
21D-TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN.	URY DCCUR?	
OF INJURY	While At   No! While			
	Work L At Wark			,
22. I certify that (1) (this hespital) attend	ed the deceased from	5/8/1953	.196,	/21/70 19
that (1) (we) last saw the deceased alive	on 6/19/70	19and th	nat in (my) (out) apin	lan death accurred on the date
and haur and from the causes stated abov	o. (1) (We) (dld) (did-net) v	iew the bady after death.		
23A. SIGNATUKE				238, DATE SIGNED
Edwin R Descent		nding Med.	Shaff Phys.	6/22/70
23C. PHYSICIAN'S	DEGREE	3D. ADDRESS	30	-//1-
NAME (Type) Dr. Edwin	B. Jarrett	11 E. Chase	Street	
	C.NAME of CEMETERY of CRE			Annual Control Control
REMOVAL (Specily)				(State)
Burial 6-24-70	Druid Ridge	Cemetery P:	ikesville,	Balto., Co. Md
	OF REGISTRAR	H. W. Jenk	ns & Sons	CO A ADDRESS
111 24 19/1 06 Best E. Jac	very that,	4905 Yo	rk Road Ba	lto. Md. 21212
/S 150-REV. 1/1/68				

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7	1/1/2			BALTIMORE CITY	HEALTH DEPARTM	NENT	70	6432
	TH NO.		6432	CERTIFICA	TE OF DEA			640c
	AME OF DECEASED to or Print) Maj	ry Kelly				DATE AND HOUR OF $6/24/70$		11:55 A
FUL	PLACE IN BALTIMOR			. 31	4. USUAL RESIDEN A. STATE Md.	B. COUNTY	ed. If institution: r	255
INS	Jenkin	s Memorial Caton Aven	-	L	Baltime	ore	YES Y	NO [
_		nore, Mary				Nursing Home		
	Female V	White	WIDOWED		7/29/1899	9. AGE (In your lost birthdoy)	Months	
done	during most of working  Unknown - H	life, even if retired)	Unkno	usiness or industry own		re, Maryland		ZEN OF WHAT COUNTR'S.A.
13. F	FATHER'S NAME Ignatiu	s Rybarczy	k		Magdalena			
(Yos,	Was Doceased Ever s,no or unknown) (If you Unknown		s of sorvice)	6. SOCIAL SECURITY NO. 215-05-7892-	17. INFORMANT Re D E. Von			ADDRESS Norial Hospita Load 21227
z	DISEASES OR Crise to the objunction	nio, elc. Il meons ion which coused CEDENT CAUSES ONDITIONS, if ove couse (A) NDITION lost.	the disease, death.) ony, giving stating the	(c)	S C UL A CONSEQUENCE O			yeaus
ATIC	OTHER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDIT 19A. DATE OF OPER	NOT RELATED TO THE TON GIVEN IN PARTITION 198. CON	HE TERMINAL T 1 (A). DITION FOR WH		20A. AUTOPSY? (Y	es or No) 20B. IF YES,	WERE FINDINGS	
E	21A, ACCIDENT W	AS UNDERLYING	7 21 B, PL	LACE OF INJURY (e.g.,	in or about 21 C. WHER		NG CAUSES OF	
CERTIFIC					C III INTINUE	E DID (II In	Bulliniole City, giv	a exact lacation)
AL	OR CONTRIBUTING DEATH (notify modic	CAUSE OF	etc.)	lorm, factory, street, o	ffice bldg., INJURY OC	CCUR?	bonimore City, giv	o exoct locotion)
AEDICAL	OR CONTRIBUTING DEATH (notify modic	CAUSE OF col exeminer)	etc.)	NJURY OCCURRED  At Not Whi	ffice bldg., INJURY OC	DID INJURY OCCUR?	bonniore City, giv	a exact lacation)
MEDICAL	OR CONTRIBUTING DEATH (notify modic 21D.TIME OF INJURY (APPROX.)  22. 1 certify that	col oxominar) with) (Day) (Year)  (+) (this hospital	(Hour) 21E. In While Work	NJURY OCCURRED  At Not Whi At Work  deceosed fram	Injury Oc	DID INJURY OCCUR?	2	6/14 1970
MEDICAL	OR CONTRIBUTING DEATH (notify modic) 21D.TIME OF INJURY (APPROX.)  22. 1 certify that that (1) (we) lost	(+) (this hospital sow the decease	(Hour) 21E. IN While Work  I) attended the	NJURY OCCURRED  At	21F. HOW	DID INJURY OCCUR?	2	6/14 1970
MEDICAL	OR CONTRIBUTING DEATH (notify modic) 21D.TIME OF INJURY (APPROX.)  22. 1 certify that that (1) (we) lost	(+) (this hospital sow the decease	(Hour) 21E. IN While Work  I) attended the	NJURY OCCURRED  At   Not Whith At Work   At Wo	21F. HOW 21F. HOW 21F. HOW 21F. HOW 21F. HOW 21F. HOW Mod.	DID INJURY OCCUR?  19 (00 to	ur) opinian deo	6/14 1970
MEDICAL	OR CONTRIBUTING DEATH (notify modic 21D. TIME (Mon OF INJURY (APPROX.)  22. 1 certify that that (II) (we) lost and hour and from 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Typa)	(+) (this hospital sow the deceoses the courses state	(Hour) 21E. In While Wark  (Hour) 21E or Whi	NJURY OCCURRED  At Not Whith At Work deceosed fram (We) (did) (did not)	21F. HOW 21F. HOW view the body ofter miding Mod. Directors.	DID INJURY OCCUR?  19 6 to	ur) opinian deo	Co/74 1970. th occurred on the do
MEDICAL	OR CONTRIBUTING DEATH (notify modic 21D. TIME (Mon OF INJURY (APPROX.)  22. 1 certify that that (II) (we) lost and hour and from 23A. SIGNATURE  23C. PHYSICIAN'S	(+) (this hospital sow the deceoses the couses state Raymond DN, 1248, DATE	(Hour) 21E In White Work (Hour) 21E In White W	NJURY OCCURRED  At Not Whith At Work deceosed fram (We) (did) (did not)	Injury of 21F. How 21	DID INJURY OCCUR?  19 (65 to ond that in (may) (or death.	ur) opinian deo	th occurred on the dot te signed

1000 s. caton Ave. Admitted 2/1/65



BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT DIRECTOR: FUNERAL the hospital

VS 150-REV, 1/1/6B

=

D. INSIDE CITY LIMITS? NO 1519 West Lombard Street 21223 If Under 24 Hrs. If Under 1 Yr. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Mildred Dash 1825 Ramsay St 21223 BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) and that in(my) (\*\*\*) opinion death occurred on the date 238, DATE SIGNED (Cáty, lown, or county) Maryland Home Pratt&Stricker

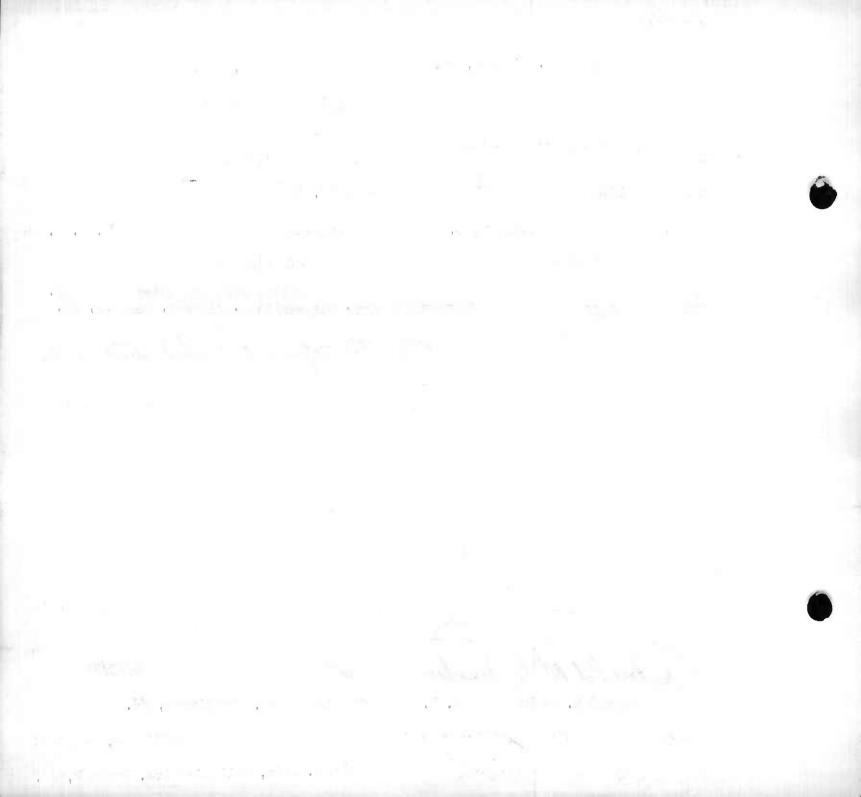
FUNERAL DIRECTOR: IMPORTANT

1-621	BALTIMORE CITY	HEALTH DEPARTMENT			10 36 36 10 10 10 10 10 10 10 10 10 10 10 10 10
BIRTH NO. 70 6435	CERTIFICA	TE OF DEATH	REG. NO	671	E125
(Type or Print)			AND HOUR OF DEAT	Н	0400
LENDER, Lloyd  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCES			June 1970		5:20 A
FULL NAME OF HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION!		A. STATE B. COL	MII		2201
HARBOR VIEW NURSING HOME		C. CITY OR TOWN BALT E. STREET AND NUMBER	MORE D. IN	YES X	NO 🗌
40		108 W. TE	E STREET	212	-01
5. SEX 6. RACE 7. MARRIED NE M CAU WIDOWED	DIVORCED	8. DATE OF BIRTH 8/26/97	9. AGE (In years last birthdoy)	II Under Months E	1 Yr. If Under 24
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSIN	ESS OR INDUSTRY	11. BIRTHPLACE (Stole or fo	reign country)	12. CITIZE	N OF WHAT COUN
Laborer . Armor Co.	(Food)	Coalport, Pe	nnsylvania	ι	J. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N.			
Jake Lender		Mary M	cKee		
	CIAL CURITY NO.	17. INFORMANT			ADDRESS
No 17	0-14-0005	Ernest Lender	Fallentim	er. Pen	nsvlvania
18. 4 12,41	CAUSE OF DEATH				APPROXIMATE INTERV
DISEASE OR CONDITION DIRECTLY		Carpa !	ansex	BE	TWEEN ONSET AND DE
LEADING TO DEATH	(A) IMMEDIATE CAUS	E		4	mader
IThis does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:			
injury or complication which caused deoth.)	17	0 0	Cardio Va		2
ANTECEDENT CAUSES	(B) Trier	osclerobie	Caroleo.	erc.	
DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the	DUE TO, OR AS	CONSEQUENCE OF:	Carrier	***********	
UNDERLYING CONDITION last.	(c)				
	(-,				*********
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	10000000000000000000000000000000000000				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	OPERATION	20A. AUTOPSY? (Yes or N	10) 208. IF YES, WERE	FINDINGS CO	ONSIDERED ATH?
OR CONTRIBUTING CAUSE OF hame, form etc.)	OF INJURY (e.g., In foctory, street, affi	or obout 21C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltime	ore City, give e	exoci location)
21D. TIME (Month) (Doyl (Yeor) (Hour) 21E. INJURY (APPROX.) While A1	Y OCCURRED  Not While At Work	21F. HOW DID IN	JURY OCCUR?		
22. I certify that (1) (this hospital) attended the dec		4 9	19 70 00 6	5/23	1975
that (1) (we) lost saw the deceased alive on	TIN	19.70 and t	hat In(my) (our) ap	4	
and haur and fram the causes stated above. (1) (We)	(did) (did nat) vi	•			
23A. SIGNATURE				23 B. DATE	SIGNED
Joen S. Volum	OEGREE Phys.	ding Med.	Staff Phys.		6/23/70
23C. PHYSICIAN'S NAME (Type) SOSEPH S - BLU	M 23	D. ADDRESS	1. CALVO	ERT.	5,-
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of REMOVAL (Specify)	CEMETERY OF CREA	MATORY 24D. 1	LOCATION (C	ity, town, or c	ountyl (Stote)
Burial 6-26-70 Utahvi	lle Cemeter	y Uta			Pennsylva
JON 25 1970 BELS E FABEL 728	STRAR	25C. FUNERAL DIRECTO	<sup>8</sup> 852	l Loch	ADDRESS Raven Blvd
(C 150-DEV 1/1/48		William E.	Johnson Bal	to. Md	21204

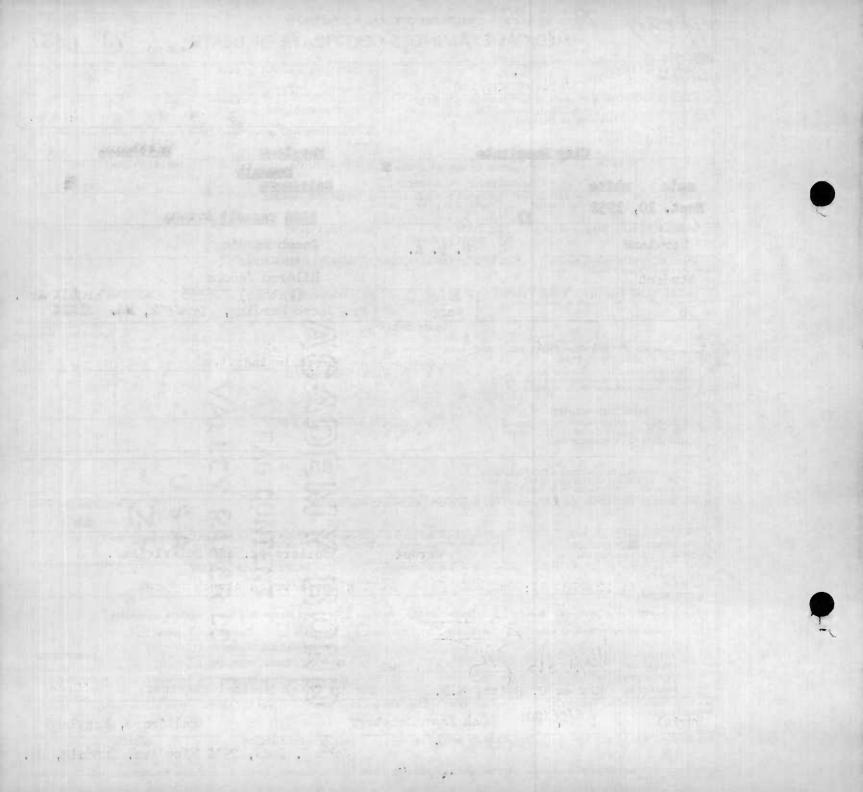
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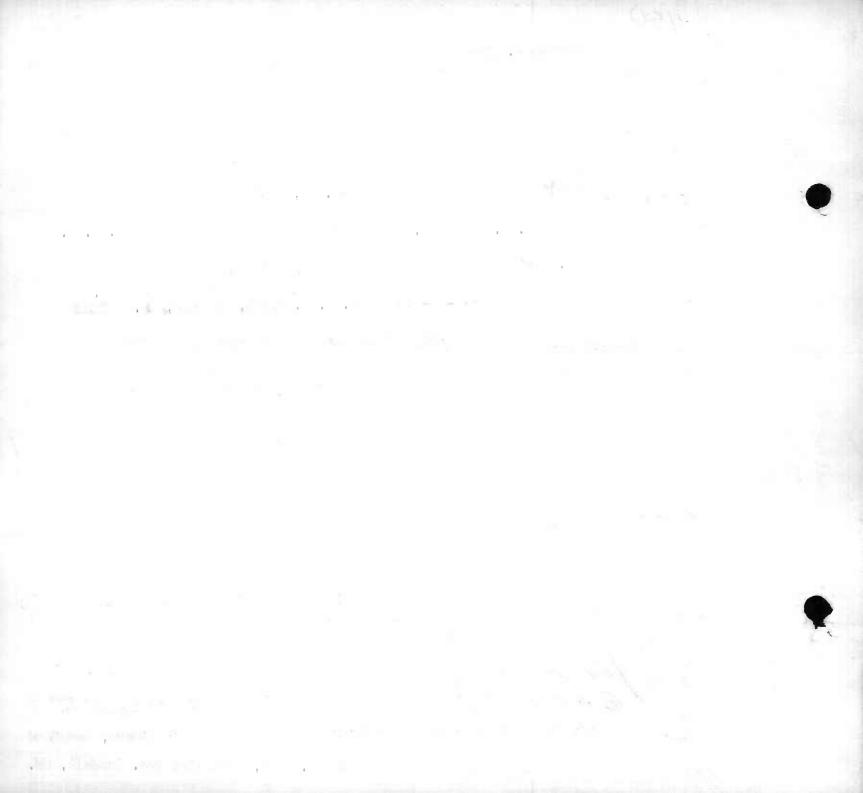
BIR	1- 14/E	70 8	6436		HEALTH DEPARTMENT	REG. NO	70	6436
1. N	AME OF DEC	Andrew H.	Hiebl	er. Sr	1	and hour of DEATH 21, 1970		
3.	PLACE IN BAL	TIMORE, MARYLAND, W			4. USUAL RESIDENCE (W		artitution tori	M
					A. STATE B. COL	INTY	ismonon, lesi	Denice before dumission)
				Maryland	Baltimore		5301	
				C. CITY OR TOWN Dundalk	D. INS	IDE CITY LIM	NO [5]	
3 / Baltimore City Hospital					E. STREET AND NUMBER 8233 Longpoi	nt Road	YES	ио 🗀
5. 5	EX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH		II Under 1	
M	ale	White	WIDOWED		June 26, 1917	9. AGE (In years last birthday 52	Months D	oys Hours Min.
		JPATION (Give kind of work	108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZE	N OF WHAT COUNTRY
	Timekeep		Jarka	Corp.	Maryland			U. S. A.
1 30	FATHER'S NAM	llip Hiebler			14. MOTHER'S MAIDEN N Cather	ine Knox		
15. Yes	Was Deceased Lina of unknown) Yes	Ever in U. S. Armed For liff yes, give war ar date WWII	ces? s of service)	16. SOCIAL SECURITY NO. 215-09-6695	17. INFORMANT (Wife Mrs. Marguerit			DDRESS Rd.
ICAL CERTIF	(This does not heart lailure, injury ar came of the UNDERLYING OTHER SIGNIF TO THE DEATT DISEASE OR COTTON THE DEATT DISEASE OF CONTRIBU	LEADING TO DEATH  al mean the mode of asthenia, etc. If means plication which caused  ANTECEDENT CAUSES  OR CONDITIONS, if abave cause (A) CONDITION last.  ILLIANT CONDITIONS COL H BUT NOT RELATED TO INDITION GIVEN IN PAR OPERATION 198. CON WAS PERI  IT WAS UNDERLYING TING CAUSE OF medical examined  (Month) (Doy) (Yeor)	dying, e.g., the disease, death.)  any, giving stating the MTRIBUTING HE TERMINAL I I (A). DITION FOR MED	(B) DUE TO, OR AS.  (B) DUE TO, OR AS.  (C)	20A-AUTOPSY? (Yes or 1) No nor obout 21C, WHERE DID lice bldg, INJURY OCCUR?	No) 208, IF YES, WERE IN CERTIFYING CA	PINDINGS COUSES OF DE	
			We	rk LJ Al Wark			4	
	22. I certify	that (1) (* <del>his hospital</del>	) attended t	he deceased from	lan E			21 1970
		last saw the decease				hat in (my) (our) apr	nian death	accurred an the date
	and have and	from the causes stat	ed abave. (	l) (Well-(did) (did nat) v	lew the bady after death			
	23C. PHYSICIA	bounded &		LOW DEGREE Phys	Med. Director	Staff Phys.	23B. DATE 6/2	SIGNED 3/70
	NAME (T	Donald H. De	embo	M. D.	827 Linden Ave	. Baltimore	, Md.	
24A	BURIAL CRE	MATION, 248. DATE		DEGREE AME OF CEMETERY OF CRE			ty, town, or c	county) (State)
	Burial	6/25/70		timore Nationa				, Maryland
25A		1970 Robert E	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO			ADDRESS
VS	150-REV. 1/1/6	1. / 1.						



	4-635	5 7	0 6			BALTIMORE CITY HE			- 5-	~		חלי	0.43	079
BII	RTH NO.		MEL	ICAL	. E)	CAMINER'S	EKIIFI	CATEO	F DEA	AIH R	EG. NO	70	64	31
	1. NAME OF DECEASED (Type or Print)  Warren Harding						2. DATE OF	Known KK	Month	)	Doy	Yeor	Hour	
4.	PLACE IN BAL	TIMORE, MA				OUNCED DEAD	3. DATE	Estimoted E	Month		Doy	Yeor	Hour	М.
HO	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)					PRONO	UNCED DEAD	6	23	70		5:45	а. м.	
OR	City Hospitals					A. STATE	ESIDENCE (Who Maryland	ere decess	B. C	. XTIALIO	residence	before odmis	ssion)	
6.	6. SEX 7. RACE B. MARRIED NEVER MARRIED					C. CITY OR	TOWNDund	212	D. I	NSIDE CI	TY LIMITS?		100	
	male	white		WIDOW	VED [	DIVORCED [		altimore	alk		YE	s 🗆	NO 🔼	
	Sept. 10		lost birthdo	y)	If Un Mont	der 1 Yr. II Under 24 Hrs. hs. Doys Hours Min.	E. STREET	AND NUMBER	wn o 1 1	Azzon				
11.	BIRTHPLACE (S	itate or foreig	in country)	17	12. C	ITIZEN OF	13. FATHER	6556 Pa	rnerr	WAGII	ue			
	Maryla	nd			W	HAT COUNTRY?		Jacob Ha	arding	5				
14A done	Student	vorking life, ev	e kind of work en ifrettred)	14B. KIND	OF B	SUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN N Mildred		os				
	WAS DECEAS					17. SOCIAL SECURITY NO.	IB. INFOR	MANT(Fath	er)	6556	A	DRESSPE	rnell	Ave.
	No	V. Yes, give	or or cores	OI SETVICE		None	Mr. J.	acob Har	ding,	Dun	dalk,	Md.	21222	
	19.5	471			n P	CAUSE OF DEA	гн	00					PROXIMATE IN	
		E OR COND		CTLY										
		of mean the		Ing. e.g.,		(A)IMMEDIATE O		ltiple i	njuri	es				
	heort tailure,	, osthenio, etc.	. It meons the	diseose,		DUE 10, OK A	S A CONSEG	UENCE OF:						
	A1	ITCCEDENT.	CALICEC			The state of the								
		OR CONDITION ABOVE CAL		, GIVING		(B)	AS A CONSE	QUENCE OF:						
_	UNDERLYIN	ABOVE CAL	USE (A) STAT ON LAST.	ING THE		(0)								
é			II			(c)								
CERTIFICATION	TO THE DEA	IFICANT CON ATH BUT NOT CONDITION	PELATED TO	THE TERM	ING					******				
ERT	20A. DATE OF	OPERATION	1 20B. CON	NOITION	FORV	WHICH OPERATION WA	S PERFORM	ED				21. AUTO	PSY? (Yes o	r No)
	9								- 15				no	
EDICA	UNDERLYING		TRIB-		22B. P home,	LACE OF INJURY (e.g., form, foctory, street, office Street	In or obout 2 bldg., etc.)	ollers F	(If In Bolti	imore City	vale	Ave.	53	00
Σ			oy) (Yeor	) (Hour	) 22	E.INJURY OCCURRED	2	2F. HOW DID I						
	(APPROX.)	6 22	70 1	1:00p	m. W	HILE AT NOT	WHILE E	edestria	n str	uck b	y car	r		
	23. I certi	ify that & he	eld on 1	nauiry [	7	Inspection X Aut	opsy 🗌	ond that on	thin han	:lal	1	1 . 1		
		ed from N			-	aident X Suicid		micide			onner [			
		14.0	- 1	5	7			HIEF MEDICAL						
	SIGNATE	JRE UL	MY	$\sim l$	12	M.D.	ASSI	TANT MEDICAL	EXAMINE	R			DATE SIGN	NED
	EXAMINI	ER'S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C.A.	4-			Chief Me	EXAMINE	R D	ninor	6	/23/76	,
244	NAME (T	MATION, 2	rner U	. 5h		NAME of CEMETERY			LOCATIO			or county)		
1	NOVAL (Specifi Burial		6/26/7	70		ak Lawn Comet			, LOCAII				sicilism	
254	JUN 2	BY HEALTH C	Va Ber 8	258 N	AME	OF PEOPLIFAR		uneral direct		22 Wi		odress e. Dur	ndalk,	Md.
VS I	51-REV. 1/1/68	No	6 1	, 61	-19			1 0 1	`					



N-450 PO 0420	THE OF DEATH REG. NO. 70 6438
BIRTH NO.	TE OF DEATH REG. NO. 10 6400
(Type of Print) LILLIAN Blum	2. DATE AND HOUR OF DEATH  6. 22.70 12.15 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland Baltimore  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
UNIVERSITY OF MARYLAND	Dundalk YES NO M
BHOSPITAL.	E. STREET AND NUMBER 7816 Kavanagh Road
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years I If Under 1 Yr. If Under 24 His.
male widowed Divorced	Jan. 21, 1906 ost birthdoy) 64 Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLA CE (State or faleign country) 12. CITIZEN OF WHAT COUNTRY?
Telephone Operator W. R. Grace Co.	Maryland U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Peter A. Smith	Pauline Leminski
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) No  16. SOCIAL SECURITY NO. 213-09-7466	17. INFORMANT (Nephew) 7816 Kavanagh Rd.
18. 3 44 1 CAUSE OF DEAT	Mr. E. C. Smith, Dundalk, Md. 21222
DISEASE OR CONDITION DIRECTLY ROLL	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH  (A) IMMEDIATE CAL	ISE
heori foiluse, osthenio, efc. It meons the disease.	A CONSEQUENCE OF:
injury or complication which caused death.)	L Stenders and Clorery.
ANTECEDENT CAUSES  (B)	A CONSEQUENCE, OF:
DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost.  Output  DUE TO, OR AS	unatic Heart Disease.
2 11	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IT TO THE DEATH BUT NOT RELATED TO THE TERMINAL    DISEASE OR CONDITION GIVEN IN PART 1 IAL	
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A-AUTOPSY7 (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
6.22.70 Musical Storage	IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	n or about 21 C. WHERE DID (If In Baltimore City, give exact location) fice bldg., INJURY OCCUR?
DEATH (notify medical examines) etc.)  21D.TIME (Month) (Day) (Yeas) (Hous) 21E INJURY OCCURRED  White At The New White	21F. HOW DID INJURY OCCUR?
S   IAPPROX.)   While At   Not While Work   At Work   At Work	· 🗆 📗
22. I certify that (I) (this hospital) attended the deceased from	6.20: 19/0 to 6.22
that (i) (we) lost saw the deceased olive on 6 . 2 2 .	19 7 a ond that in(my) (our) apinion death occurred on the date
and hour and fram the couses stated above. (1) (We) (did) (did nat) v	
23A. SIGNATURE	RES DENT 238, DATE SIGNED
In Copies Physics	nding Med. Staff 6.22.70
6 ARVEY()	UNIVERSITY OF HARYLAND
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CREMETERS OF CRE	MATORY 24D. LOCATION (City, town, or county) (State)
Burial 6/26/70 Holy Redeemer Cer	metery Baltimore, Maryland
JUN 25 1970 Paled E. Taber Ka	John J. Duda, 7922 Wise Ave. Dundalk, Md.
VS 150-REV. 1/1/6B	



VS 150-REV. 1/1/68

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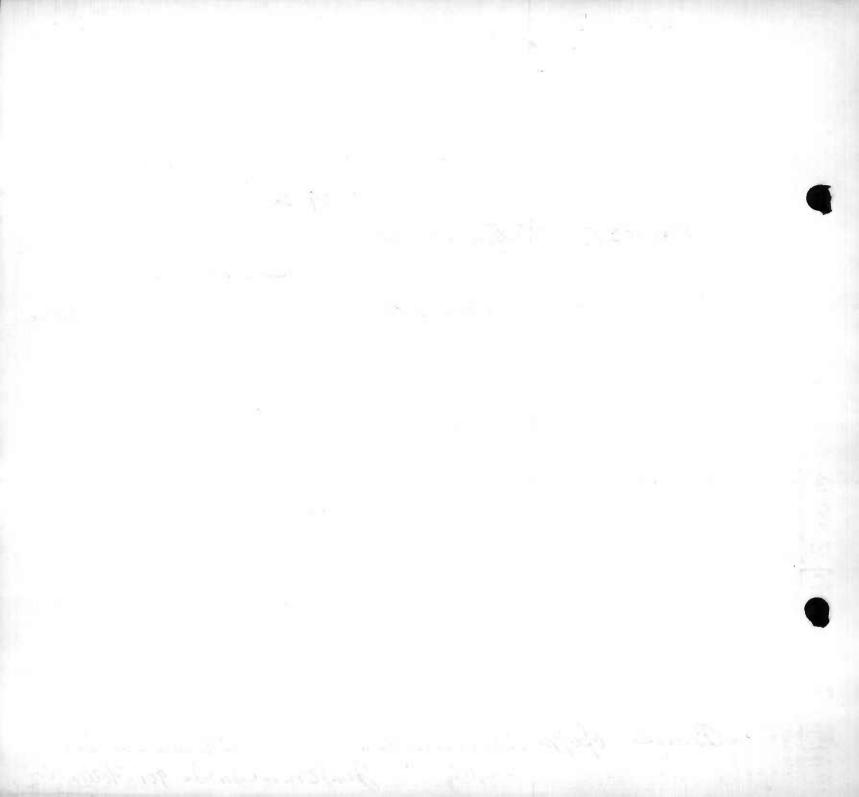
Anto Justeen Arms, Nations, May 21230

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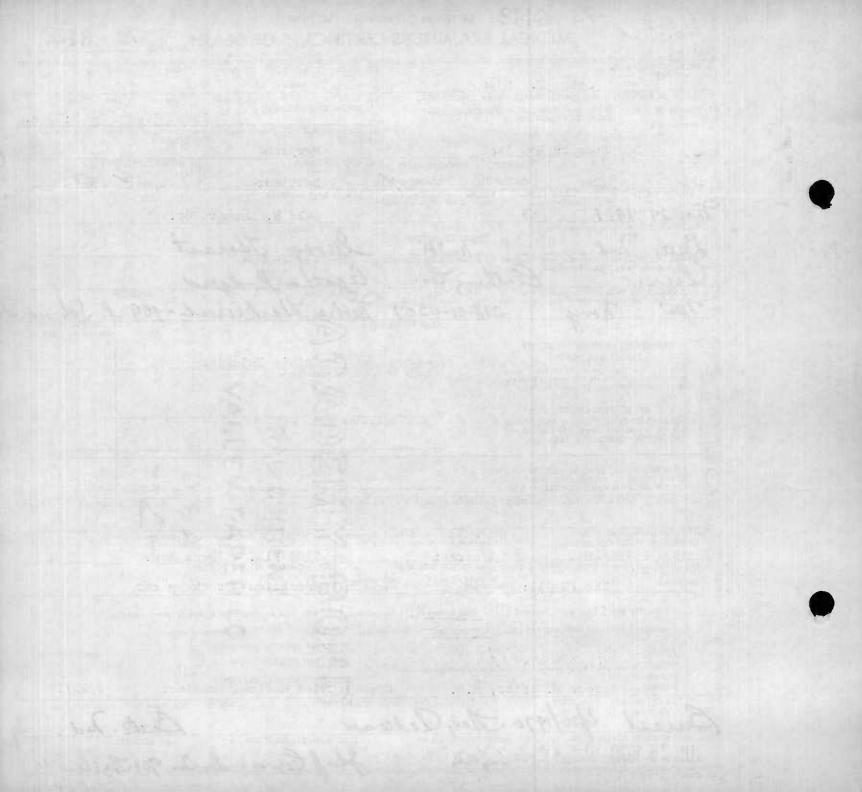
PLACE OF DEATH IN BARIMORE, MARKED  PLACE OF DEATH IN BARIMORE, MARKED  MILL NAME OF Control of the control of	0 -112	BALTIMORE CITY	HEALTH DEPARTMENT	/	10
NAME OF DECEASED JOHN F. ReInholdt, ST.  PLACE OF DEATH IN EATHWORE MARILAND  (I not in baspiled in social b	10 64 70 64	40 CERTIFICA	TE OF DEATH	Registered No.	70 6440
PLACE OF DEATH IN BALLMORE MARILAND  LILL MAKE OF BUTTER AND CONTRIBUTION  MARY AND GENERAL FORWARD AND STATE OCCUPATION OF A CONTRIBUTION  MARY AND COUNTRY OF A CONTRIBUTION OF A CONTRIBUTION  LILL MAKE OF COUNTRY OF A CONTRIBUTION OF A CONTRIBU	I.NAME OF DECEASED John F. Rei				23/70
Baltimore  CON OFTEN III out in heaptile or institution, give sheet oddess or incoloring institution  MATYLING  General Hospital  CON OFTEN III outside city institution to consider the sheet of the consideration of the	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If inst	itution: residence before admission
Maryland General Hospital  Maryland General Hospital  Maryland General Hospital  Maryland General Hospital  Maryland General Hospital  Maryland General Hospital  Distance A Balance Wood Maryland  A Balance Wood Maryland  A Balance Wood Maryland  A Balance Maryland	HOSPITAL OR address or location)	tion, give street	mary land	Baltimore	JRAL and give township)
MASSET ADDRESS OF CONDITION CONTRIBUTING DISEASE OR CONDITION SO CONTRIBUTION WAS PERCONAL OR CONTRIBUTION DISEASE OR CONDITION SO CONTRIBUTION  AND AND AND AND AND AND AND AND AND AND	Maryland General Hospi	tal	Baltimore -	Dundalk	
MODES DIVISED SECTION  MILES SOUTH CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) slotling the Underling Conditions, rise of the obove couse (A) slotling the Underling Conditions, rise of the Obove Conditions, rise of the Obove Conditions, rise of the Obove Conditions of Conditions	Maryland General H	rospital	D. STREET ADDRESS (If ru	1	d.
AUSIAL OCCUPATION Got which would kind of working kind of working the same during meast of working the same during meast of working the same during meast of working the same during meast of working the same during the same					If Under 1 Yr. If Under 24 Hi
A USUAL OCCUPATION (In the desired of work) look kind of working the creen desired in the discovery like the desired in the discovery like the desired in the discovery like the desired in the discovery like the desired in the discovery like the desired like the	WWIE HILL TO			4	
FATHERS NAME  AT THUT Reinholdt  Was Discass Even in U. S. Armed Forces?  Wos Discass Even in U. S. Armed Forces?  Wos Discass Or Condition Directly LEADING TO DEATH  DISEAST OR CONDITION DIRECTLY LEADING TO DEATH  This dass name meen the mode of dying, e.g., beart follows, estimate, atc. Il means the discose, injury or complication which coused death, and the observe couse of eath, nd the observe couse of eath and the observe couse of eath of the observe couse of eath and the obse	10A. USUAL OCCUPATION (Give kind of work 10B. KIN			n country)	
FATHERS NAME  WAS DECEASED tree in U. S. Armed Forces of Service)  Was Deceased tree in U. S. Armed Forces of Service)  SCURIN NO.  200-22-401.7  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  LITHIS does not mean the mode of dying, e.g., injury or complication which caused death.]  ANTECEDENT CAUSES  DUE TO  DISEASES OR CONDITION, if any, giving rise to the above cause (A) siding the  UNDERLYING CONDITION CONTRIBUTING  DISEASES OR CONDITION (A) Siding the  UNDERLYING CONDITION CAUSING IT.  OTHER GANIFICANT CONDITION FOR WHICH OPERATION  NO  PADATE OF OPERATION  PADATE OF		1 Class	R 11 m		
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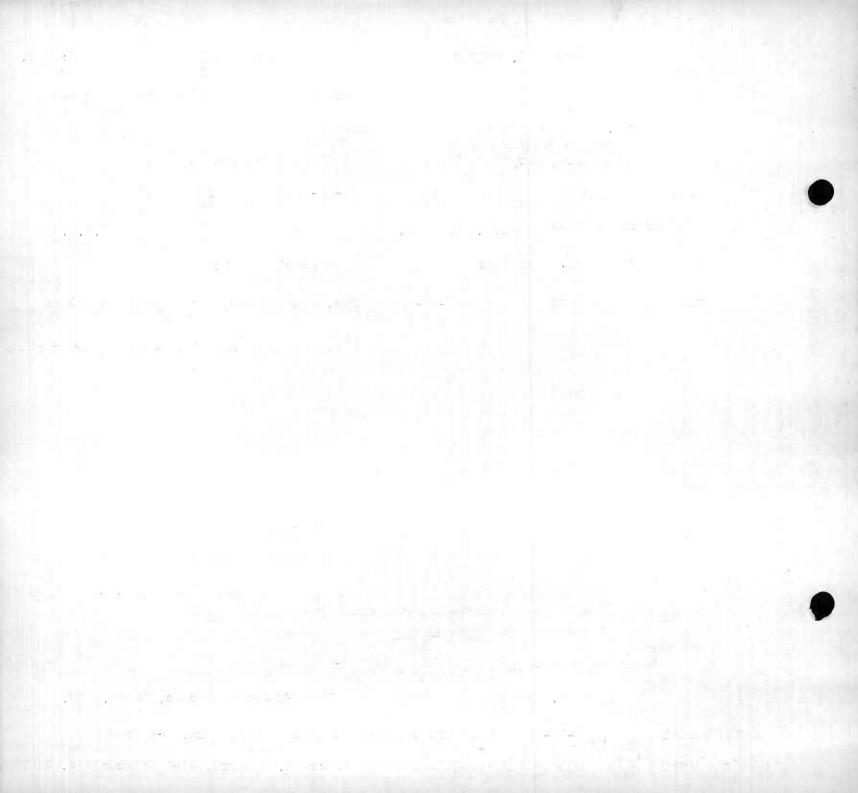
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	EXAMINER'S NAME (Type) Werner			eputy Ch	CIATE MEDICAL EX	AMINER al Exa	miner	6	/23/70
REN	BURIAL CREMATION, 248. DA	TE /	24C. NAME of CEMETERY	CREMATOR	24D. L	OCATION	(City, tow	n, or county)	(Stote)
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25A	DATE REC'D BY HEALTH DEPT.	25B. NAA	NE OF REGISTRAR		JNERAL DIRECTO	R	1	DDRESS	
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vs 1	51-REV. 1/1/68	410	7/50 (5-10 HS) r	, 1				3	en. hed



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	AME OF DEC		L. KNI	GHT			22, 1970		6:15
3. P	LACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RE	SIDENCE (When	e deceased lived.	If institution	n: residence before ad
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET					Maryla	nd	Balti	more	530 Y LIMITS?
1431	/ /	St. Agnes Ho	spital		Violetv		0	YES [	_
4	0	Caton & Wil	-	renue	E. STREET AN	ND NUMBER		200	
		Baltimore, M				Coolidge			
. SE		6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF B	IRTH	ost birthday)	Mont	nder 1 Yr. If Under hs: Days Haurs
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ione	during most of	working life, even il retired) er Mechanic		en Fuel Co.		aryland	gn country)	12. 0	U.S.A.
3. F	ATHER'S NA	ME	Was Cite	in ruce co,		MAIDEN NAA	A E		0.0.21.
		John N.	Knight		р	ear1	Selby		
S. V	Vas Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMAN		DCLDy		ADDRESS 21
	no or unknown es	(If yes, give wor or dote W W II	s of service)	216-14-8094	Mrs A	nna Vnia	h+ 2007	Conla	21:
_	18. <u>/</u> /	M M TT		CAUSE OF DEAT		illa Killg	ht, 3807	C00 T1	APPROXIMATE INT
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MEDICAL CERTIFICATION	DISEASES (rise to the UNDERLYING) OTHER SIGNIFICO THE DEAT OF DISEASE OR COPY OF CONTRIBUTION OF THE DEAT OF THE D	ANTECEDENT CAUSES OR CONDITIONS, if e above cause (A) G CONDITION last.  II FICANT CONDITIONS COLUMN CONDITION GIVEN IN PARTICION 1986.  OPERATION 1986. CON WAS PERFORMED CAUSE OF medical exominer)  (Month) (Doy) (Year)  that (1) (this haspital last sow the decease of from the course state of the course of the	nany, giving stating the NTRIBUTING HE TERMINAL 1 1 (A). FORMED 21E, Whometc. (Hour) 21E, Who wo	(B) DUE TO, OR AS  (C) WHICH OPERATION  S. PLACE OF INJURY (e.g., ne., form, foctory, street, or ne., form, foctory, street,	20A, AUTO in or obout 21C, ffice bldg., INJU 21F, le 22 19 7 vlew the body ending 23D, ADDRESS 332	PSY? (Yes or No.)  WHERE DID RY OCCUR?  HOW DID INJU  ond the ofter death.  Med. Director	URY OCCUR?  Of in (my) (our)  Shoff  ick Avenu	opinian d	give exact location)  2 2 19  leoth occurred on the party signed.
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P-330 70 644	LAL	HEALTH DEPARTMENT		70 0414
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	5444
(Type or Print) BARBAI	RAM. PET	ITT 2. DAJE AN	HOUR OF DEATH	11:00 Pha
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceosed lived. If inst	titution: residence below odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)		Maryland		105
SINAL HOSP, BAL	TIMORE	BAITIM		YES NO NO
199	INUNE	E. STREET AND NUMBER	102 N. Paca	Street/
5. SEX ()  6. RACE  7. MARK		ICENTRAL	NURSI	NG 170MC
y wido	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei		12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryla	ınd	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		0,0,11,
John C. Schneider		Katherine	Schimme1	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		Salisbury, Md.
No	212-07-3917	Mrs. Lillian C	ech, Rt. # 2,	Box 176 E.
18. / 36 / 14-15 /c	CAUSE OF DEATH		1 0	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(1) Cerel	Ascular	Acaden	A PORTER ORSET AND DEATH
(This does not mean the mode of dying,	e.g., (A) IMMEDIATE CAU	SE A CONSEQUENCE OF:		
heart lailure, asthenio, etc. Il means the dise injury or complication which coused death.)	ose, B) CAALO		creas	
ANTECEDENT CAUSES	C) CHIVE	/ /	reas	
DISEASES OR CONDITIONS, if ony, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	******************	*************************************
UNDERLYING CONDITION lost	(C)			
2				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A)	NG NAL			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	IONGS CONSIDERED
E 4/24/70 WAS PERFORMED	CANCER		IN CERTIFYING CAUS	ES OF DEATH?
O 27A ACCIDENT WAS UNDERLYING	27B. PLACE OF INJURY (e.g., in home, form, foctory, street, off	or obout 21 C. WHERE DIO	(If In Boltimore (	City, give exact location)
OEATH (notily medical examinar)	etcJ			
OF INJURY (Month) (Ooy) (Year) (Hour)	21 E INJURY OCCURRED	21F. HOW DIO INJU	IRY OCCUR?	
(APPROX)	While At Work At Work	7/10	70 01	17
22. I certify that (1) (this hospital) ottende		F/7 1	9/0 10 0/	00 19/0
that (I) (we) last saw the deceased alive	2-01		t in (my) (our) apinio	on death occurred on the date
ond have and from the couses stoted obove	e. (i) (We) (did) (did not) vi	ew the body ofter deoth.		
	Atten	ding Med. S		B. DATE SIGNED
23¢. PHYSICIAN'S SCHULCE	DEGREE Phys.	Director L F	hys.	6/22/70
23¢. PHYSICIAN'S NAME (Type) OSEPH A SOL	in MD	M / A	1 LLDOP	
24 Valuetati data esta esta esta esta esta esta esta e	DEGREE	MATORY 24D. LO	CATION (ST	
	Moreland Memorial		••	town, or county) (Stole)
25A DATE REC'D'SY REALTH DEPT. 25B-NAN	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	timore, Mary	AODRESS
UIN 25 PM Robert E. Faibe	y MA,	Howard H. Hubb	ard, 4107 Wi	
VS 150-REV. 1/1/68				

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DIRECTOR:

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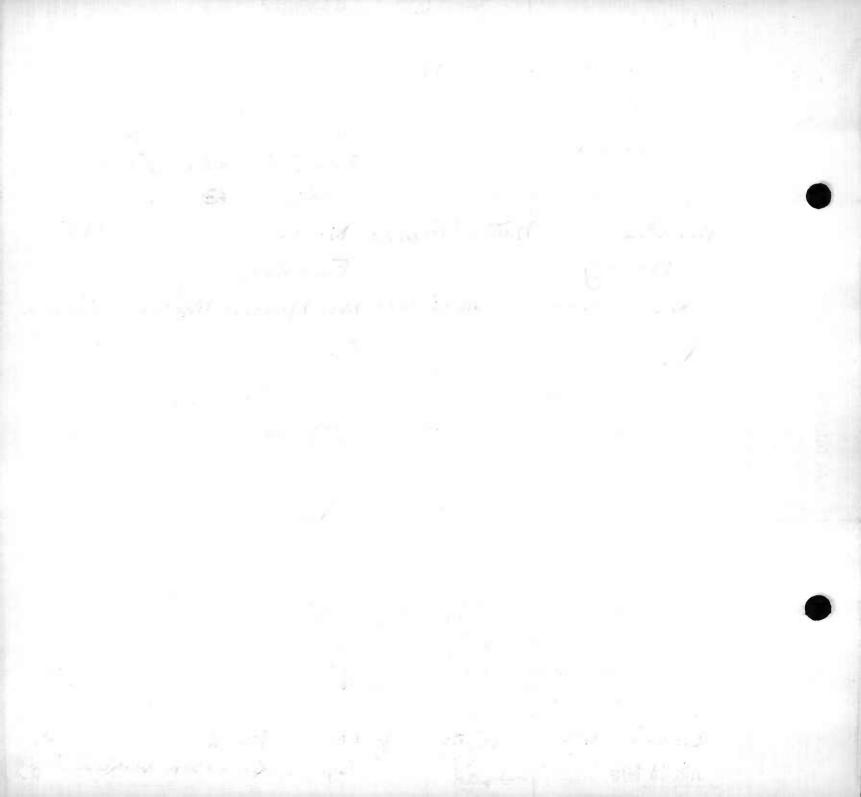
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

25.70 THE LA ST. MAINTAININGS

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	sed the uch	DIRTH NO. 6448 CERTIFICATE OF DEATH REG. NO. 10 6448	_
	oital and of deoth Deceased on the on the oth.	1. NAME OF DECEASED (Type or Print) FINKEL - TO SEPH  2. DATE AND HOUR OF DEATH  6/93/70 445 PM	
	5 0 0	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, If institutions residence before odmissic A. STATE  B. COUNTY	M.
		FULL NAME OF HDSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?	3
	ed in o ting cau d cause; r attend prior to e.	Sinai Nosata, Baltimore Md. Estreet and Number	_
	or or	5. SEX   6. RACE   7. MARRIED   8. DATE OF BIRTH   9. AGE (In yours   If Under 1 Yr. , If Under 24 H	_
•	occurrion ontribu ermine regulo eased is mad	WIDOWED DIVORCED OCT 1886 INTRODUCTION MINE Days Haurs Mine	
	in dece	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNT  12. CITIZEN OF WHAT COUNT  13. CITIZEN OF WHAT COUNT  14. CITIZEN OF WHAT COUNT  15. CITIZEN OF WHAT COUNT  16. CITIZEN OF WHAT COUNT  17. CITIZEN OF WHAT COUNT  18. CITIZEN	RY?
	nt it deoth direct or c l; (4) Undet th was in on the dec disposition	13. FATHER'S NAME	
ANT		15. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or doles of service)  16. SOCIAL SECURITY NO.	_
ORTA	the the concept of the final	NO 215-18-993 mis Work Finhel Same	
<b>Q</b> .	f and nce	DISEASE OR CONDITION DIRECTLY  CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	
2	ono ono	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,	
CTOR	fract o pr gula	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving  (B)  OUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:	'n -
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DIRE	cal cal ms; (; ician as insins		
RAL	medical medical y burns; physicia ian was e remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  LEAST SUPPLY OF THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
Z	the sice	O CHERSIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OPERATION  WAS PERFORMED  20A. AUTOPSY? (Yes of No.)  20A. AUTOPSY? (Yes of No.)  21A. ACCIDENT WAS UNDERLYING TO THE TERMINAL  21A. ACCIDENT WAS UNDERLYING TO THE TERMINAL  21A. ACCIDENT WAS UNDERLYING TO THE PLACE OF INTERVIOLENCE OF DEATH?	_
2	ital by e. (2) B vhere th No phy before	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, loctory, street, office bidg., INJURY OCCUR?	_
	hospite nature; cept whid (6) No	21D. YIME (Month) (Day) (Yoor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	-
	the h ny nc excep and obtain	(APPROX.)  While AI Not While A Work  At Work  22. I certify that (I) (this hospital) attended the deceased fram 6/3 19 70 to 6/22 19 70	
4	2000	that (1) (we) last saw the deceased alive an	
	ident of hospital hospital must be	and have and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE  23B. DATE SIGNED	_
	8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Attending Med. Stroff Director	
	y was rely was rely acc.  7. An acc.  7. A at a lot prior to approval	1. HOO KH CAK, M.D. SINGI haspilal, Ballimore. Md. 21212	
	- TO 0 -	Burial Cremation, 248. Date 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (Gity, town, or county) (Side)	
	the bod shows: was D.C decease	JUN 25 1970 Caber & Jacker MD. 256 NAME OF REGISTEAR 26C. FUNERAL DIRECTOR Superal DIRECTOR	2
		'S 150-REV. 1/1/68	=



IMPORTANT

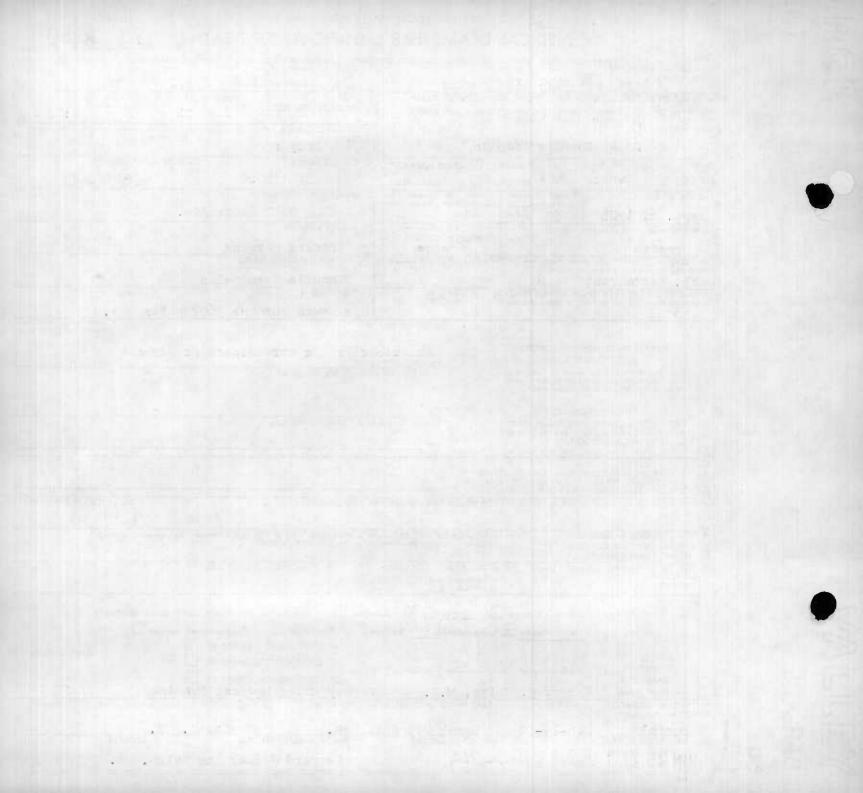
DIRECTOR:

FUNERAL

Business College to St. Salar St. A. College St. A.

VS 151-REV. 1/1/68

Leonard J Ruck Inc Balto. Md.



(State)

IMPORTANT

DIRECTOR:

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1/6/10- Carrection four from funeral derectar. Sept.

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25C. FUNERAL DIRECTOR

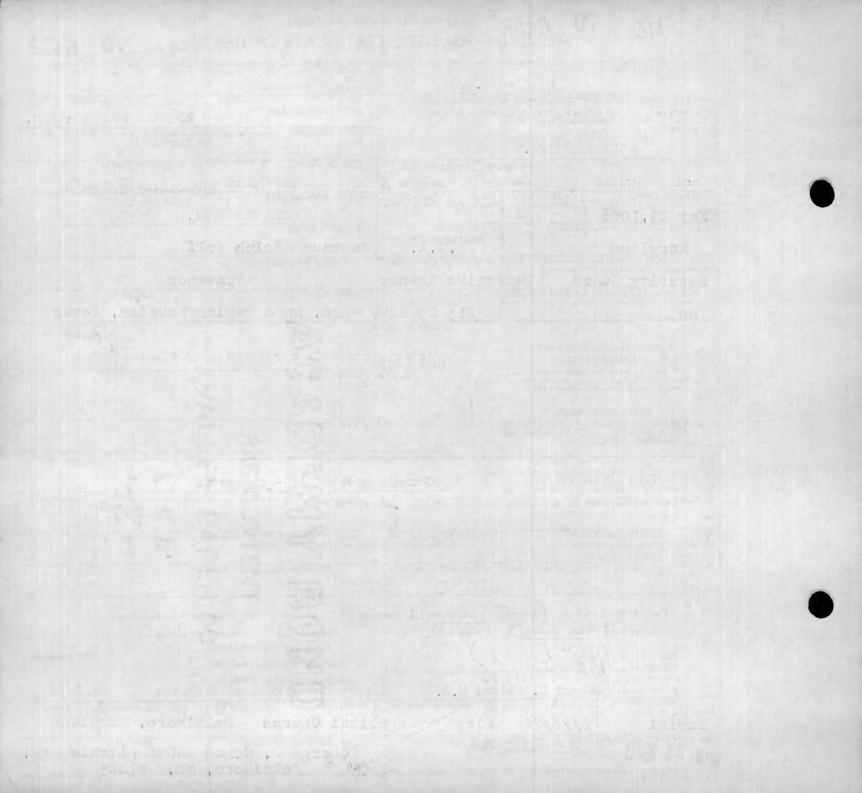
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George J. Gonce

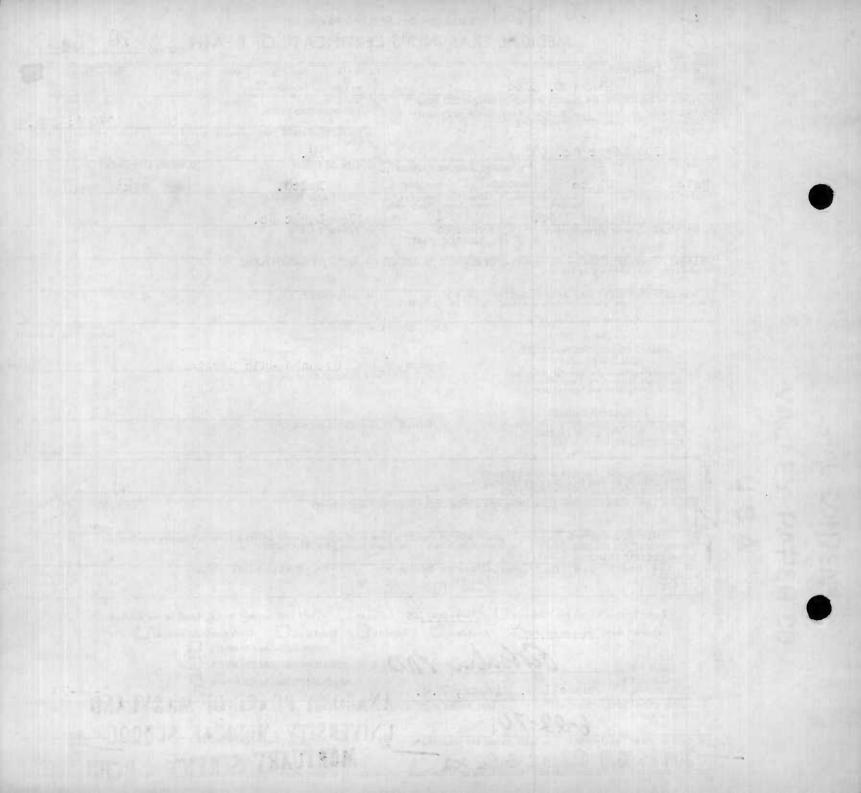
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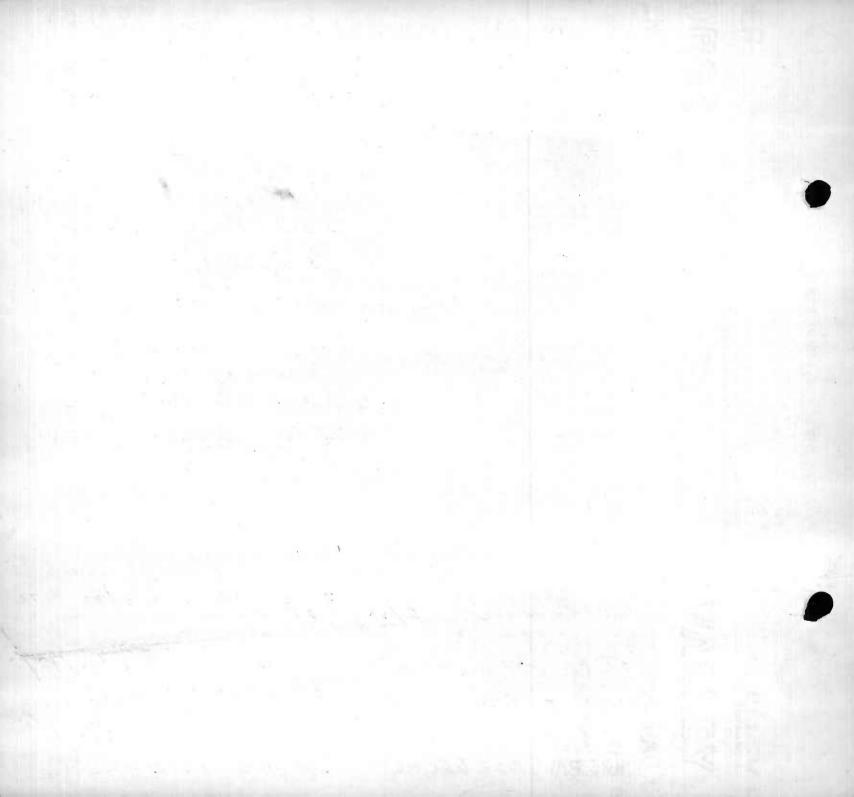
4001 Ritchie Hgy.



70 6453 BALTIMORE CITY HE	EALTH DEPARTMENT
121	CERTIFICATE OF DEATH 70 6453
BIRTH NC.	REG. NO. 10 0400
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Day Year Hour
FRANK E. EDER	OF DEATH Estimated . M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour PRONOUNCED DEAD
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION (IVE STREET ADDRESS OR LOCATION)	5 18 1970 4:43 A.M.
0 0 1708 Light St. (DOA)	S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE  Md.
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Balto. YES NO
9. DATE OF BIRTH 10. AGE (In years 10. AGE) 11. Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.	E. STREET AND NUMBER
11. BIRTHPLACE(State or loreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR' done during most of working life, even (I retired)	Y 15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	ADDRESS .
19. CAUSE OF DEA	ATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	CAUSE Bronchogenic carcinoma
heart follure, ostheria, etc. It means the disease.	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
I INDERIVING CONDITION LAST	
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH SUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WA	
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W.	AS DEDECORATED IN A METODOCOMET AND
5 9	AS PERFORMED 21. AUTOPSY2((100 00) No)
₹ 22A. EXTERNAL CAUSE WAS   22B, PLACE OF INJURY(e.g.,	In ar about 22C. WHERE DID (II in Boltimore City, give exact location)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. Land CAUSE OF DEATH.	e bidg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	WHILE
23.	
I certify that I held an Inquiry Inspection XX Au	topsy ond that on this basis, death in my opinion
resulted from: Notural causes X Accident Suicid	de Homicide Undetermined manner
ACTUAL DH. I mn	CHIEF MEDICAL EXAMINER
SIGNATURE OCTOBER MAD	ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S  Puscell S Fisher M D	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Russell S. Fisher, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	NATIONAL BOARDAGE MARVIANT (500)
REMOVAL (Specify) 6-22-70	NIVERSITY MEDICAL COROLL
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, PUNERAL DIRECTOR
JUN 25 19/0 Obber & Farber KD	ASTRIUARY SERVICE DOWN
VS 151-REV. 1/1/68	TANK TALL - DCIID

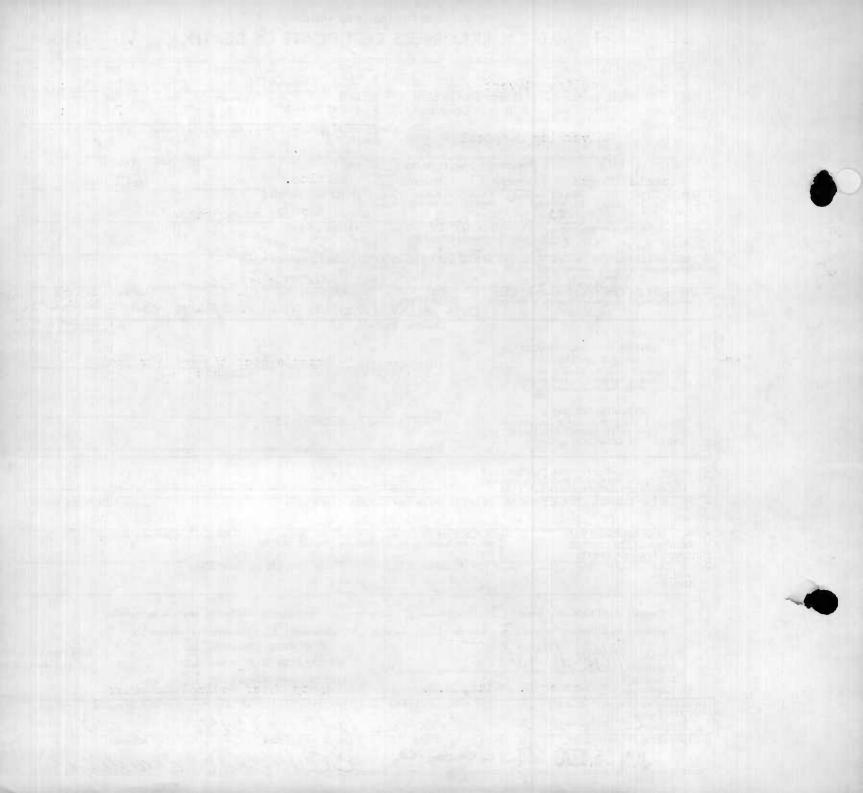


~	C/1	BALTIMORE CITY HEALTH DEPARTMENT	
)-	) (O() .	170 6454 CERTIFICATE OF DEATH REG. NO. 10 6454	
	deat deat ease n th Suc	NAME OF DECEASED	
	0 00 -		odmission)
	osp nc lec	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET)	/
	a he caus se; (3	HOSPITAL OR ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?	
	E _ D + L C	Bolton Hill Mag. & Convalisant Baltimore YES NO	
	D.E 0 B.E	400 John St. Bacto. Md. 1124 Orleans St.	
1	occurre ontribut ermined regular regular is madè	lost birthdoy) As Months Doys Hours	ler 24 Hrs. Min.
T	occonfirmant occording to the second occordinate to the second occordinate to the se	M.   MIDOWED DIVORCED   1899   12. CITIZEN OF WHAT	COUNTRY
	or con number or con number of con december of contract of contrac	SOUTH CAROLINA USA	
	if de (4) Un was the sposit	3. FATHER'S NAME	- 1
=	disp	Willie Tumor Sizzie Dipon	
A	al al	5. Wos Deceosed Ever in U. S. Armed Forces?  (es, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL  SECURITY NO.  250 36 - 2448 ROOSEVELT JUNIOUS 218 DUNCA	201 (7
R	th th k k d d d d fin		
MPORTAN	is agany any any reed nda	DISEASE OR CONDITION DIRECTLY	AND DEATH
2	Also e of noun atte	LEADING TO DEATH  (A) IMMEDIATE CAUSE Orchoson public cerebral 2/	70
**	2.20.0	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)  (A) IMMEDIATE CAUSE OF THE MINISTRUCTURE OF THE MINISTRUCTU	
O	mine riner rract o pr gula emb	ANTECEDENT CAUSES  (B) arteurolytus fortelease year	
5	ami A fr A ho vho reg	DISEASES OR CONDITIONS, if any, giving Due 10, OK AS A CONSEQUENCE OF:	2
DIRECTOR:	ex (3) in in	rise to the above cause (A) stoting the UNDERLYING CONDITION last. (C) princelus generalized year	5
	dical cal ns; icici		
UNERAL	medic hedic burr bhysi an w	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
<b>E</b>	ief a m dy e p icio	SEASE OR CONDITION GIVEN IN PART 1 (A).  198. CONDITION FOR WHICH OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  208. AUTOPSY? (Yes or No) 108. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
Z	by ch Bo th thys		
-	the al by	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	
	A N A D	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	
	hos natu ept d (6) aine	OF INJURY  (APPROX.)  While At Not While At Work  At Work	
	by x x t		9.72
9	of an of an al (e h); c	that (1) (we) lost saw the deceased alive an 6/2 19/22 and that in(my) (aur) apinion death occurred or	n the dot
	00-	and hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death.	
	de de m	23A. SIGNATURE  23B. DATE SIGNED  Attending Med. Staff	
		23C. PHYSICIAN'S  23D. ADDRESS  Director Phys. Dire	
	certificate sody was r rs: (1) An ar D.O.A. at a ased prior	MAME (Type) AN H. MACHT NO. VE Soul ST Bet Me 21.	202
	A V V V V V V V V V V V V V V V V V V V	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county)	(Stote)
		Burice 6-27-20 NAT Chefure Coul Ballo Mex	
	This certif the body shows: (1) was D.O./ deceased written a	SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS LIN 25 1970 Pober & Faller M. 25C. FUNERAL DIRECTOR ADDRESS ADDRESS	
	- 4 > 0 >	5 150-REV. 1/1/68	2

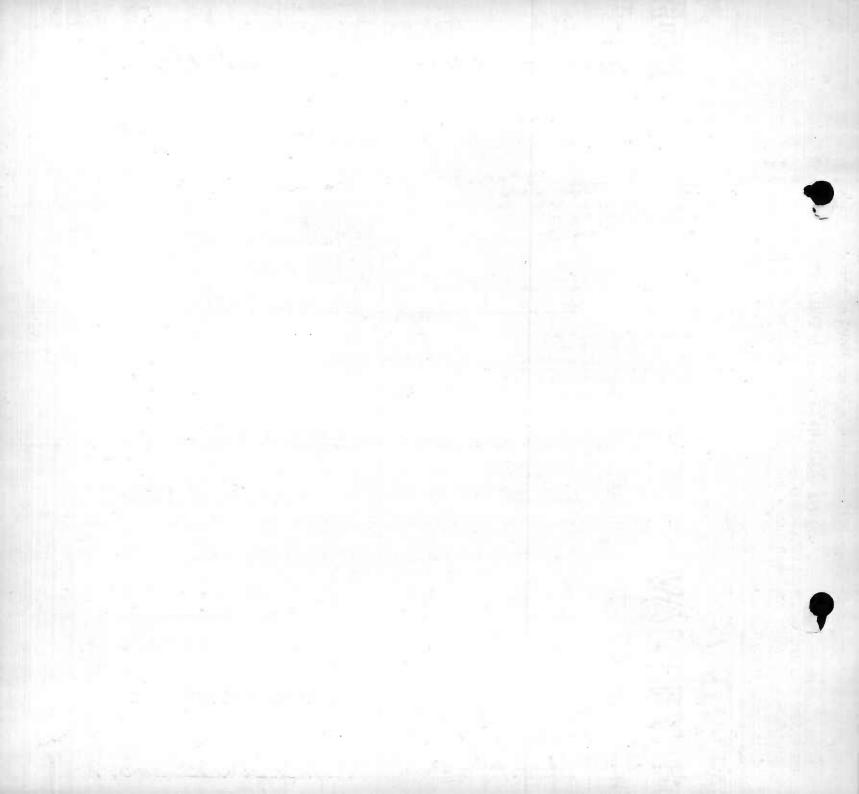


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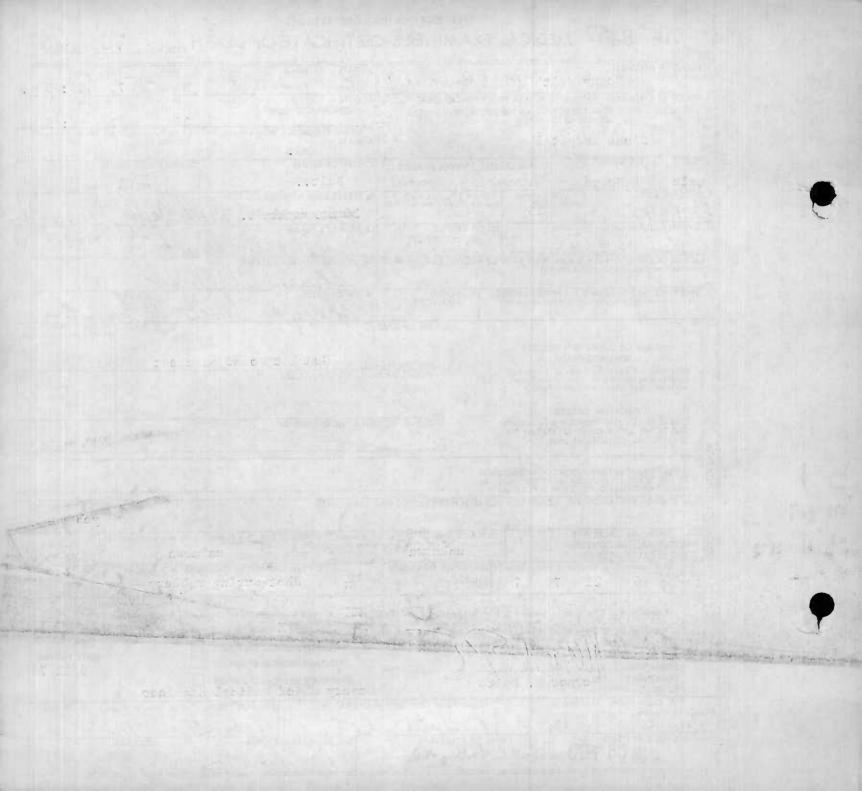
	BALTIMORE CITY HI	HEALTH DEPARTMENT
	70 6455 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG NO. 70 6455
RIPT	THNO.	REG. NO 0 1400
	IAME OF DECEASED	2. DATE Known Month Doy Year Hnur
(Type	e or Print)	OF Estimated [] C 00 70 0.01
4 DI	Pauline Covert	DEATH 0 22 10 2.21 am.
	NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOS	PITAL ADDRESS OR LOCATION)	0 22 70 · 2.21 a <sub>M</sub> .
OR II	University Hospital	S. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
~	oniversity nospital	A. STATE Md. B. COUNTY
6. SI	EX 7. RACE 8. MARRIED NEVER MARRIED	TIC, CITY OR TOWN ID, INSIDE CITY LIMITS?
1	MAKKIED L. INEVEK INAKKIED L	7.1
0.0	female Negro   WIDOWED   DIVORCED	TELE NO.
Y. U.	ATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs. Months Doys Hours Min.	s. E. STREET AND NUMBER
1	0-12-48 23	1007 Edmonson Avenue
II. B	BIRTHPLACE (State or loreign country)   12. CITIZEN OF	13. FATHER'S NAME
F	REDERICK 11d WHAT COUNTRY?	11 a Room
144.1	USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTR	RY 15. MOTHER'S MAIDEN NAME
done	during most of warking lile, even if reticed)	1. 6.
_	Dusvile	Muknom
Id. V	WAS DECEASED EVER IN U.S. AR MED FORCES?  In or unknown)(II yes, give war or, dates of service)  17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS 21207 AW FFRANK T. COVERT JR 4314 SPRINGDALE
	nu 217-39-5098	STERANK T. COVERT JR 4314 SPRING WHILE
1	9. A CAUSE OF DEA	ATH APPROXIMATE INTERVAL
	7 / 5 / 1	BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
	(A)IMMEDIATE	
	heart toilure, asthento, etc. It means the disease,	R AS A CONSEQUENCE OF: disease
	injury or complication which coused death.)	
	ANTECEDENT CAUSES (8)	
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	R AS A CONSEQUENCE OF:
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z	(c)	
CERTIFICATION	III The second s	
S	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
国	DISEASE OR CONDITION GIVEN IN PART 1 (A).	
2	20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W	WAS PERFORMED 21. AUTOPSY? (Yes or No)
디디		no
¥ 2	22A. EXTERNAL CAUSE WAS   22B. PLACE OF INJURY(e.g.	., In or about 22C. WHERE DID (II in Boltimore City, give exact location)
0.51		fice bldg., etc.) INJURY OCCUR?
	UTING CAUSE OF DEATH.	
	22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	
	(APPROX ) WHILE AI TO NO	OT WHILE C
l la	23.	
2		
2		autopsy and that on this basis, death in my opinion
2	1 certify that I held on Inquiry Inspection X	
2	1 certify that I held on Inquiry Inspection X A	ide Homicide Undetermined monner
	t certify that I held on Inquiry Inspection Acresulted from: Natural causes Accident Suici	CHIEF MEDICAL EXAMINER DATE SIGNED
	1 certify that I held on Inquiry Inspection Acres Accident Suici	CHIEF MEDICAL EXAMINER DATE SIGNED
	actual SIGNATURE  TEXAMINED  1 certify that I held on Inquiry Inspection Actual  Actual  M.I.  M	CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER DATE SIGNED
2	1 certify that I held on Inquiry Inspection Acron Suici	CHIEF MEDICAL EXAMINER DATE SIGNED
24A	actual Signature Werner U. Spitz, M.D.  Burial Cremation, 1248, Date 124C, Name of Cemeters	CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER 6/22/70  ASSOCIATE MEDICAL EXAMINER Deputy Chief Medical Examiner
24A	actual Signature Werner U. Spitz, M.D.  Burial (Specify)  Burial (Specify)  1 certify that I held on Inquiry Inspection X Actual Suici Accident Suici M.D.  Suici M.D.  Spitz, M.D.  Burial (Specify)	CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  Deputy Chief Medical Examiner  Y or CREMATORY  24D. LOCATION (City, fown, or county) (State)
24A REM	actual SIGNATURE EXAMINERS NAME (Type)  BURIAL CREMATION, 248. DATE  ACTUAL SIGNATURE  Werner U. Spitz, M.D.  BURIAL CREMATION, 248. DATE  ACVAL (Specify)  C. 21-10  ACTUAL  SUCCESSION STATE  ACCIDENT SOLICIAN  M.I.  SPITZ, M.D.  ACTUAL  SPITZ, M.D.  ACTUAL  ACTUAL  SIGNATURE  M.I.  ACTUAL  SPITZ, M.D.  ACTUAL  ACTUAL  ACTUAL  M.I.  ACTUAL	CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER 6/22/70  ASSOCIATE MEDICAL EXAMINER Deputy Chief Medical Examiner  Yor CREMATORY 24D. LOCATION (City, town, or county) (State)
24A REM	I certify that I held on Inquiry Inspection Acres Accident Natural causes Accident Suicident Suicident Signature Manuel Signature Manuel Signature Nation Werner U. Spitz, M.D.  Burial Cremation, 248. Date 24C. Name of Cemetery Natural (Specify) Manuel Spitz Name of Cemetery Natural (Specify) Manuel Spitz Name of Cemetery Natural (Specify) Manuel Spitz Name of Cemetery Natural (Specify) Natural (Specify) Natural (Specify) Name of Registrar	CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  Deputy Chief Medical Examiner  Y or CREMATORY  24D. LOCATION (City, fown, or county) (State)
24A REM	actual SIGNATURE EXAMINERS NAME (Type)  BURIAL CREMATION, 248. DATE  ACTUAL SIGNATURE  Werner U. Spitz, M.D.  BURIAL CREMATION, 248. DATE  ACVAL (Specify)  C. 21-10  ACTUAL  SUCCESSION STATE  ACCIDENT SOLICIAN  M.I.  SPITZ, M.D.  ACTUAL  SPITZ, M.D.  ACTUAL  ACTUAL  SIGNATURE  M.I.  ACTUAL  SPITZ, M.D.  ACTUAL  ACTUAL  ACTUAL  M.I.  ACTUAL	CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER 6/22/70  ASSOCIATE MEDICAL EXAMINER Deputy Chief Medical Examiner  Yor CREMATORY 24D. LOCATION (City, town, or county) (State)



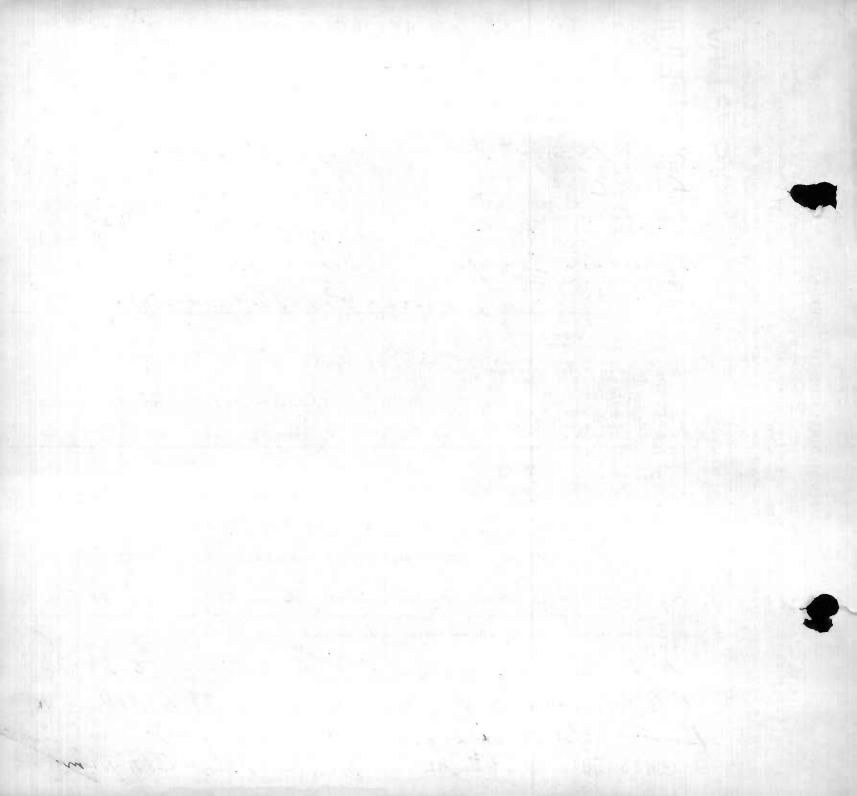
VS 150-REV, 1/1/6B



	1910					BALTIMORE CITY HE	ALTH DEPAR	TMENT				
	70	6457	MED	ICAL	. EX	AMINER'S	CERTIFIC	CATE OF	DEAT	TH .	70	6457
										REG. NO	100	0403
	NAME OF DEC			0	(	an in)	2. DATE	Knawn 🔲	Manth	Day	Year	Hour
		_	Smith			Bennie)	OF DEATH	Estimoted	6	21	70	10:15 pm.
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD							ALCED DEAD	Month	Doy	Yeor	Haur
HC	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)						PRONOC	INCED DEAD	6	21	70	10:15 p.M.
OF	INSTITUTION	inai Ho	coitol				5. USUAL RE	SIDENCE (Where		ived. Il institution:	residence b	elare odmission)
	4	THAT HE	sprear				A. STATE	Md.		B. COUNTY	/	5/2
6.	SEX	7. RACE		8. MARR	IED [	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	LIMITS?	
1	male	Negro	,	WIDOV			Ba1	to.		VE		NO []
9.	DATE OF BIRT	Н	10 AGE (In	yeors	if Und	ier I Yr. If Under 24 Hrs.	E. STREET A	ND NUMBER		A		<b>10</b> L
6	3-1-4	7	losi birthday	23	Monin	s Doys Hours Min.	3694	D	. 37	17 1000	21 /	Danie 10.
11	BIRTHPLACE	tote or fareig	n country)		12. CI	TIZEN OF	13. FATHER'S	S NAME	- 31	1 NICHE	7	HNO VOVE
18	10 Dinel	Motte (	To ali	-1	W	HAT COUNTRY?	7//	1111:00	la	·	Ry	1.201
744	USUAL OCCU	PATION (Give	kind of work	14B. KIND	OF BI	USINESS OR INDUSTRY	15. MOTHER	SMAIDEN NAM	AE /	nen		
don	e during most of w	rarking lile, eve	in il retired)				1	6.0.1	1/1/	11 2000		
16.	WAS DECEASE	ED EVER IN L	J.S. ARMED	FORCES	2	7. SOCIAL	18 INFORM	Mey C	un	lección	ORESS.	
(Ye	s, no or unknown)	(If yes, give w	or or dotes	ol service		SECURITY NO.	1/	1 41	1.	14	KESS	•
-	19.	1 1	10			CAUSE OF DEA	SIL	ney V.	ymu	$\omega$	Du	ROXIMATE INTERVAL
	27	6 51				CAUSE OF DEA	n			6		EN ONSET AND DEATH
		E OR CONDI		TLY								
		of meon the r		ng. e.g.		(A)IMMEDIATE C		unshot wo	und o	chest		
	neori tollure,	osthenio, etc.	It meons the	diseose,		DUE 10, OR A	S A CONSEQU	JENCE OF:				
		injury or complication which coused death.)										
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  (B) DUE TO, OR AS A CONSEQUENCE OF:											
	KISE TO THE	ABOVE CAU	ISE (A) STAT	ING THE		DUE TO, OR	S A CONSEQ	UENCE OF:				
Z	UNDERLYIN	IG CONDITIO	ON LAST.			(c)						
CERTIFICATION			I									
ŏ	OTHER SIGN	IFICANT CON	DITIONS CO	NTRIBUT	ING							
TIF	DISEASE OR	CONDITION	GIVEN IN PA	RT 1 (A)-								
ER	20A. DATE OF	OPERATION	20B. CON	IDITION	FOR W	HICH OPERATION WA	S PERFORME	D			I. AUTOP	SY? (Yes or No)
. 1	11										2	7es
O	22A. EXTERN UNDERLYING	NAL CAUSE Y			22B. PL	ACE OF INJURY (e.g., orm, lactory, street, office	n or obout 22	C. WHERE DID (I	f tn Boltimo	re City, give exact	lacation)	
	UTING CAL					unknown	bidg., etc.) ita	JUNI OCCUR?	un	known	00	-00
Σ	OF INJURY	Month) (Do		(Hour	) 22E	INJURY OCCURRED	22	F. HOW DID INJ	URY OCC	JR?		
	(APPROX.)	6 21	70	?	m. WH	ILE AT NOT	WHILE X	Shot du	iring	robbery		
	23.					Al III	NK					
	i certi	fy that I he	ld on In	quiry	] 1	nspection Aut	opsyX	and that on thi	s basis,	death in my or	inion	
	result	ed from: Na	tural cous	es 🗌	Acc	Ndent Sulcid	Hon			ned monner		
		h	11.	1	7/	1/2 -	CI	HIEF MEDICAL EX				
	SIGNATU	RF //	UNIV-	111	//	M.D.	ASSIST	ANT MEDICAL EX	AMINER			ATE SIGNED
	EXAMINE	# 27.00	erner (	I Sp	-(A)-			IATE MEDICAL EX		ī		6/22/70
	NAME (T)	(be)		. op			Deputy	Chief Med	lical	Examiner		
24/ RE/	NOVAL (Spegify	ATION, 24	B. DATE		24C.	NAME of CEMETERY	CREMATOR		PEATION		r county)	(State)
1	Bunch	6	2-36-	71	1/	whitees	(pt		Mile	· An	mi	(
25/	. DATE REC'D	BY HEALTH D		25B. N	AME O	F REGISTRAR	25C. FI	INERAL DIRECTO	your	ADD	RESS	
	33	1 25 19	10 0%	Bert &	140	when Ma	6	8 1 /	- 11	ADD	-4-4	1
15 1	51-REV. 1/1/68	+1		1			L	Wilson	1/01	Draw	ulte	yhl.
ا د -	A Kr. 111100	11/1/	1 5	9 1/2	1			3 h 3			7	



VS 150-REV. 1/1/6B



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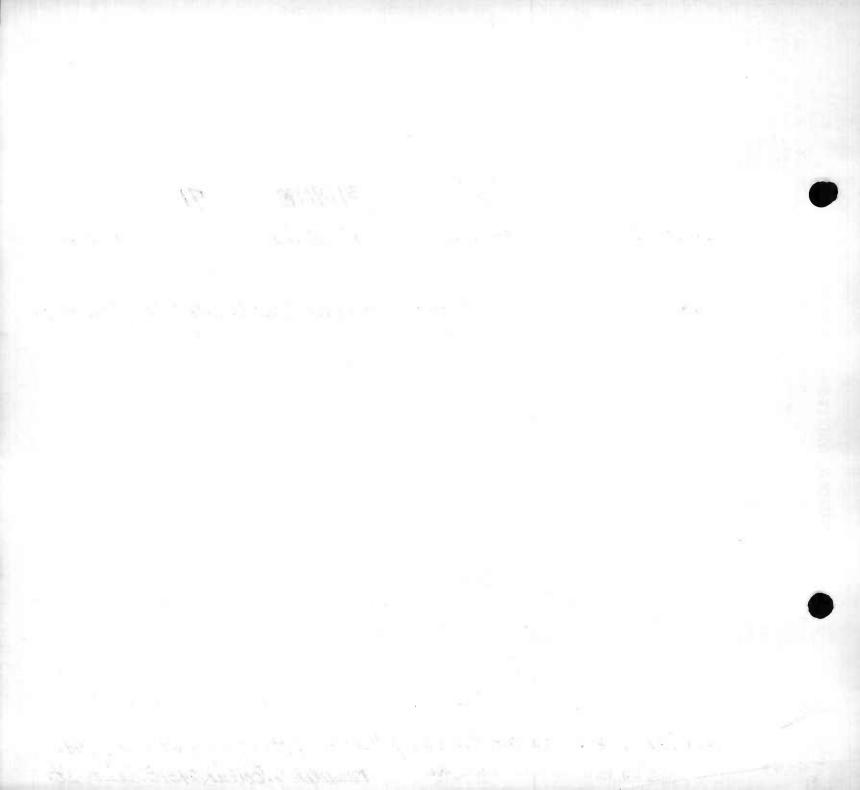
70 6459

70	6409 V	MEDICAL	EXAMI	NER'S C	CERTIFIC	CATE OF	DEAT	H REG. NO.		0.1	
I. NAME OF DEC	PEASED				llo Dave						
(Type or Print)		nia Home			2. DATE OF	Knawn  Estimated	Manth 6	22	Year 70	5:35	
4. PLACE IN BAL	TIMORE, MARYLA	vin Henry	ONOUNCED I	DEAD	3. DATE	Estimored	Month	Doy	Yeor	Hour	а м.
FULL NAME OF HOSPITAL OR INSTITUTION		OSPITAL OR INST			PRONOU	NCED DEAD	6	22	70	5:35 a	M
00'	2102 H	Homewood	St.		IIA STATE	SIDENCE (Where	deceosed liv	ed. If Institution B. COUNTY	residence l	Sefore admis	sion)
6. SEX	7. RACE	8. MARR	ED NEVER	MARRIED	C. CITY OR			D. INSIDE CI	Y LIMITS?		
male	Negro	WIDOW	ED D	IVORCED	1	Balto.		YE	s K	NO 🗆	
2-13-		GE (In years pirthdoy)	If Under 1 Yr. II Months : Days :	Under 24 Hrs. Hours   Min.		ND NUMBER  12 Homewood	nd St.	-			
11. BIRTHPLACE (S	tate ar foreign caus	itry)	12. CITIZEN O		13. FATHER'S		50 50,				
Balto	nl		WHATCOU	4	apor	co las	Ol ner	10			
4A.USUAL OCCU	PATION (Give kind o	l work 148. KIND	OF BUSINESS	OR INDUSTRY	15. MOTHER	MAIDENNA	ME	1			
					Ben	ina /	wolfe	sel.			
16. WAS DECEAS (Yes, no or unknown)	ED EVER IN U.S. A	RMED FORCES dotes of service	17. SOCI SECU 2/9-2	RITY NO.	18. INFORM	trice t	Ferres	A	DRESS		
19. 201	4 001		CA	USE OF DEA	TH	vouse n	1			PROXIMATE IN	
	E OR CONDITION					XXXXX		INGX	BEIW	TEN ONSET AN	ID DEATH
	of mean the mode osthenia, etc. It med		(A	DUE TO, OR A	AUSE NA CONSEQU	lorphine o	overdos	age			
Injury or com	, osthenia, etc. It med aplication which cous	ed dooth.)				LIVEL OIL					
AA AA	NTECEDENT CAUS	ES	In								
DISEASES O	OR CONDITIONS, I	F ANY, GIVING	(8	DUE TO, OR	AS A CONSEQ	UENCE OF:	-				
	G CONDITION L	AST.	(0	)							
일	11										•
O THE DEA	IFICANT CONDITION  ATH BUT NOT RELATE  CONDITION GIVEN	ED TO THE TERMI	ING NAL								
20A. DATE OF	OPERATION 208.		OR WHICH OF	ERATION WA	S PERFORME	D			21 AUTO	DSV2 (Yes or	No)
0 2							Yes or No)				
22A. EKTERI	NAL CAUSE WAS		28.PLACE OF	INJURY (e.g.,	In or obout 22	C. WHERE DID (	If in Baltimore	City, give exac			
□ UTING □ CAI	OR CONTRIB-		nom <b>e, tarm, t</b> octo	ry, street, office	bidg., etc.) IN	JURY OCCUR?					
OF INJURY	Month) (Doy)	(Year) (Hour				F. HOW DID IN	URY OCCU	R?			
(APPROX.)			m. WHILE AT	] NOT	ORK						
23.	Ify that I held or	Inquiry [	Inspecti	on Aut	opsy 🔼	and that on th	is basis,	leath in my c	pinion		
result	ed from: Noture	couses	Accident	Suleid	e Hon	nicide 🔲 🐧					
ACTUAL	lin a	10/10	7/1)			HIEF MEDICAL E	The state of the state of			DATE CION	
SIGNATU	IRE MUYU	VXIIIC		M.D.	ASSIST	ANT MEDICAL E	XAMINER			DATE SIGN	2-70
NAME (T		r U. Spi	Ez, M.b.			TATE MEDICAL E				0-2.	2-70
24A. BURIAL CREA	AATION. 248. DA		•	CEMETERY	Depu or CREMATOR	ty Chief	Medica	1 Examir		(State	<u>.)</u>
REMOVAL (Specif	16-	25-70	Bru	11 Met	1 Cha	1	Bal	17	mil	(3.310	
25A. DATE REC'D			ME OF REGIS		25 <i>9</i> .7FL	INERAL DIRECTO	OR	AD	DRESS	•	
JUN	25 1970	3 8. Bal	Jaba 1	43	19	Tillen	1100	Mar	11	- Gi	
/S 151 DEV 3/2/40						uniani	1001	11/11/1	MILLE	400	•



	120	00	BALTIMORE CIT				70 646	0
BIRTH NO.		6460	CERTIFICA	TE OF D	EATH	REG. NO	70 64b	
1. NAME OF						HOUR OF DEATH	-20	
5	ALLIE E.	GASKIN.			6/2	0/70	1830	P
3. PLACE IN	BALTIMORE, MARYLAND,	WHERE PRONOUN	CED DEAD	4. USUAL RES	DENCE (Where d	eceosed lived. If ins	titution: residence belo	re odm
FULL NAME	OF (IF NOT IN HOSE	PITAL OR INSTITUTION	ON, GIVE STREET	no			V	5 6
FULL NAME HOSPITAL OR INSTITUTION	ADDRESS OR LO	CATION)		C. CITY OR TO		D. INSIE	E CITY LIMITS?	
TOHN	S HOPICINS	1405P		BALT	MORE		YES NO	
22				E. STREET ANI			A	
2.2				1606		FTVIEW	AVE	
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIR	TH 9.	AGE (In years birthday)	If Under 1 Yr.     I t Months   Days   Hou	Inder 2
F	N	WIDOWED	DIVORCED [	3/13/	177	1.1/		
done during mos	CCUPATION (Give kind of we t of working life, even if retired	ork 108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLAC	(State or foreign	country)	12. CITIZEN OF WHA	T CO
Dones	•	A. b		Vina	inia		76.5,1	^
13. FATHER'S		1100	ano E	14. MOTHER'S	MAIDEN NAME		1 661311	7.
EDA	SMUS			MA	RGARET W	ASHINGTON		
15. Was Decea	sed Ever in U. S. Armed F	orces? II 6	• SOCIAL	17. INFORMAN		101111011011	ADDRESS	
(Yes, no or unknown	sed Ever in U. S. Armed F own) (If yes, give war or do		SECURITY NO.					
NO		2	216-10-2649	AldIANS	OG25KI	15/606C1	ftview /	9VE
18.	8XI		ONOUE OF DEAT	. ,			AFFROAIMA	IE IMIE
DIS	EASE OR CONDITION DEATH	DIRECTLY	HETASTA	LIC RCH	VULK E	PREINOM	A . A	
This doe	s not mean the mode a	of dying, e.g.,	(A) IMMEDIATE CA	ISE			before.	72-
nean lailu	re, asthenia, etc. It mean	ns me disease,	DUE TO, OR AS	A CONSEQUENC	t OF:			
injuly of t	ANTECEDENT CAUSE						1000	
DICEACE			(B)	1 CONSCOUR				
tise lo	OR CONDITIONS, if	any, giving  ) stating the	DUE TO, OK AS	A CONSEQUENC	LE Ur:			
UNDERLY	ING CONDITION last.		(c)			****************		
Z	11			7.				
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U 21A. ACC	DENT WAS UNDERLYING	21 B, PL/	ACE OF INJURY (e.g.,	n or about 21 C. W	HERE DID	fil in Reltimore	City, give exact location	n)
OR CONTR		NO home, I	larm, lactory, street, o	fice bldg., INJUR	OCCUR?	- he we postuitote	anti Aire exect locolic	,
O 21D. TIME		,00	11107 000::227	03.6				
S OF INJURY	artonia (Doy) (180)	While A	AL		OW DID INJURY	OCCUR?		
(APPROX)		WORK	At Work		-			
	ify that (1) (this hospita		deceased from 6	15	19	70 to 6/	ટહે	19
	lost sow the deceas		0/20	19.70		n(my) (our) opini	on deoth occurred	on th
and hour	and from the causes st	ated above. (1) (V	(did) (did not)	lew the body o	fter deoth-			
23A. SIGNA		1 1					238, DATE SIGNED	
1 Ju	ne C. h	lente	T 7	nding M	ed. Staffirector Phys		/ /	70
23 C. PHYSIC		-	DEGREE Phy	23D. ADDRESS	Phys		6/00/1	U
		UTZ		TOHNS	HOPKI	NS Hos	9	
AND 24A. BURIAL C	DEALATION DATE	NTZ n.	DEGREE E OI CEMETERY OF CR	-				
REMOVA	L (Specify)	Z4C.NAME		•	24D. LOCA	ITON (City,	, town, or county)	(\$1
Burlo	2/ 6-25-	70 Mb. (	alvary	eneter	CVANNE	Aruna	el Con M	d.
ZOA. DATE REC	TO ST HEALTH DEPT.	258. NAME OF R	REGISTRAR	25C FUNERA	LDIRECTOR	0011	E Olwer	AI
		Bert E. Fail	Ley M.D.	Kandak	plu di On	Vick 2431	E. Olwer	85
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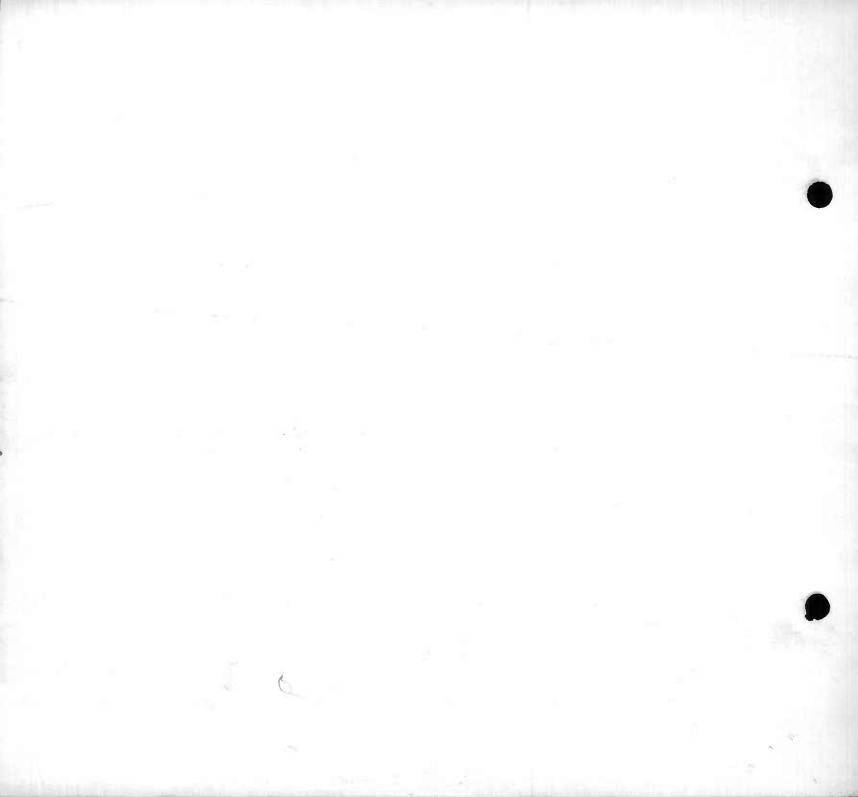


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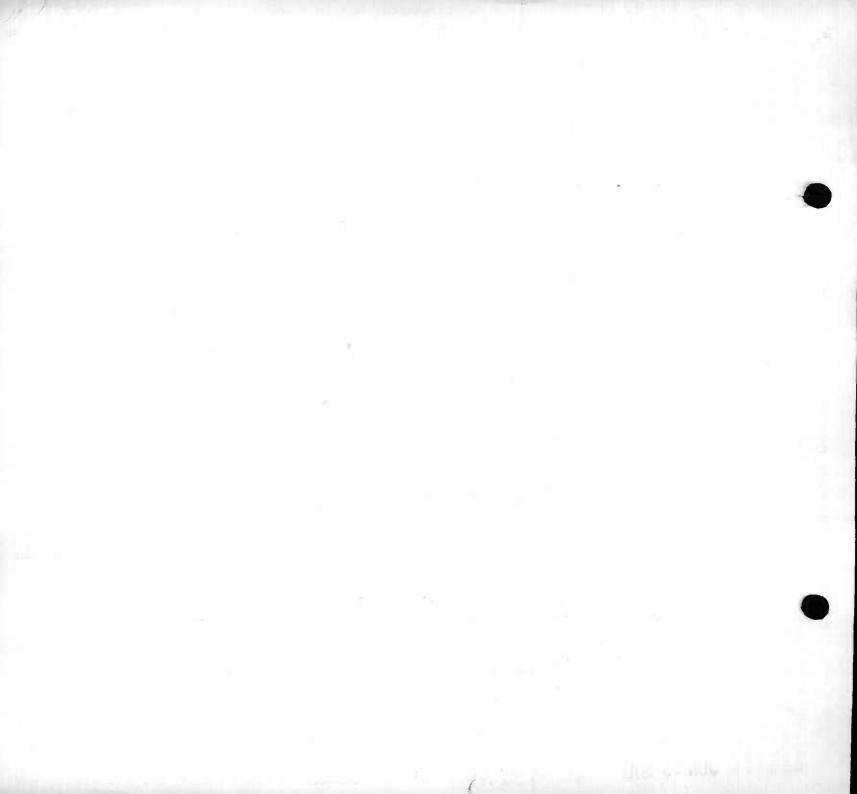
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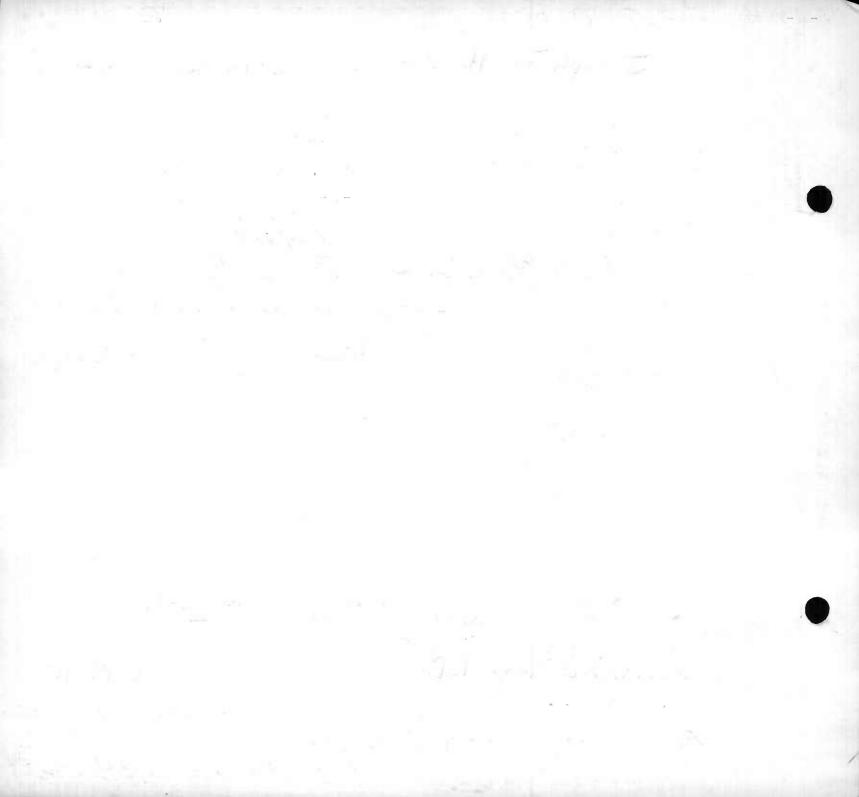
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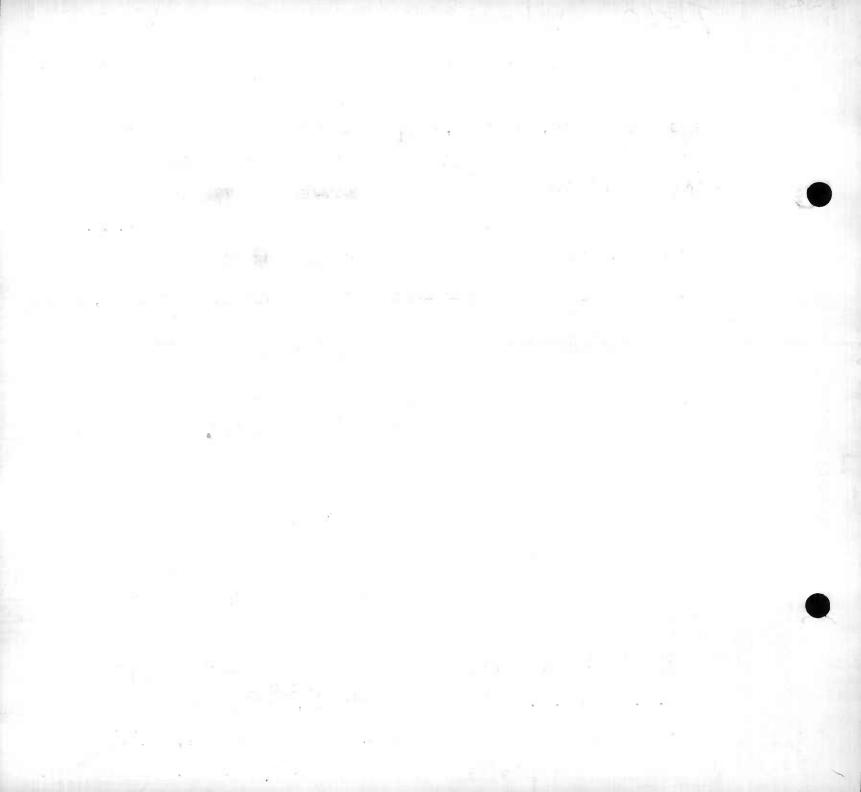
BALTIMORE CITY HEALTH DEPARTMENT



		BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 70 6464  CERTIFICATE OF DEATH  REG. NO. 70 6464
	death death eased n the Such	BIRTH NO. 70 6404 CERTIFICATE OF DEATH
occurred in a hospita ontributing cause of ermined cause; (5) Decregular attendance of eased prior to death.	ral de sea con	(Type or Print) MEEKINS FRANKS, 6-22-1970 14:15 A.
	2 000	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  A. STATE B. COUNTY
		FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION LUTHERAN HOSPITAL  OR HOSPITAL  C. CITY OR TOWN  D. INSIDE CITY LIMITS?  D. INSIDE CITY LIMITS?
	- 3 9	BACTIMORE YES NO
	orting or a prio	BACTIMORE MD. 21216. 2317 GUILFORD AVE:
	rrib mine gula sed mac	5. SEX  MARRIED NEVER MARRIED 8. DATE OF BIRTH  MEG. KO  MOOWED DIVORCED 12-26-93.  Manths: Doys Hours Min.
		10. CITIZEN OF WHAT COUNTRY?
	or inde	Retired MARYCAND.
	if death rect or c (4) Undet was in the dec	13. FATHER'S NAME  ( 14. MOTHER'S MAIDEN NAME  ( ) 12. OR SELECT OF THE
Z	di di di	15. Was Deceased Ever in U. S. Armed Foices? (Yes, no or unknown) [17. INFORMANT]  ADDRESS  ADDRESS  ADDRESS
RTA	examiner or his assistexaminer. Also, if the (3) A fracture of any kin n who pronounced decin regular attendance in regular attendance is are embalmed or final	(res, nd or unknown) (III yes, give war ar dates at service) SECURITY NO. Elizabeth MEEKing, Welfi
IMPORTA		DISEASE OR CONDITION DIRECTLY  CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3		LEADING TO DEATH  (This does not mean the mode of dving a a (A) IMMEDIATE CAUSE Care currence of Civer,
OR:		heort foilure, ostheria, etc., It means the discose, injury or complication which caused death.)
010		ANTECEDENT CAUSES (B)
IREC		DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION last.  (B)  DUE TO, OR AS A CONSEQUENCE OF:
LD	medica edical burns; hysicia n was remain	
UNERA	The photo in a second	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
N.	chief y a r Body the r ysicie	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
F	tal b tal b e; (2) there No ph befor	OP CONTRIBUTING TO CAUSE OF
	hospi hospi nature ppt w (6) h	DEATH (notify medical examines) etc.)  21D.TIME (Manth) (Doy) (Yee) (Haus) 21E INJURY OCCURRED While At Wark  At Wark
	prov the ny n exce and obta	22. 1 certify that (1) (this haspital) attended the deceased from 5 - 29 - 1970 to 6 - 27 - 1970
	of of o	that (1) (1) lost saw the deceased alive an 6 - 22 - 70 19 ond that In(my) (1) opinion death accurred on the date
	ust be a sased to dent of iospital death) must be	ond hour and fram the couses stoted abave. (1) (We) (did) (did not) view the body after death.  23A. SIGNATURE
	must eleas ccide ccide a hos to d	Attending Med. Staff Phys. Director Phys. Director Phys. D
	0 2 8 2 2	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 780 AS HISURTON ST.
		24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, of county) (Stole)
	T-000-	Burial 6-25-70 mt Calrary (Em U. a. Co. md
	This cer the bod shows: was D. deceas	JUN 25 1970 2. A. C.
	4 > 0 >	JUN 25 1970 P. B. A E Jak .: Kayner andere 317 E. Preston S



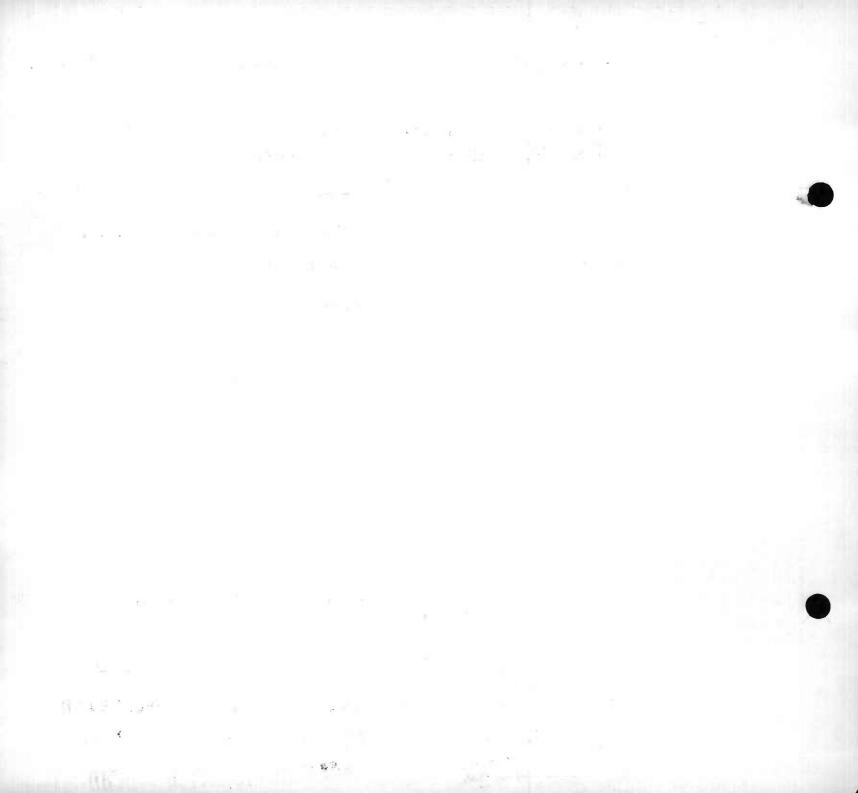




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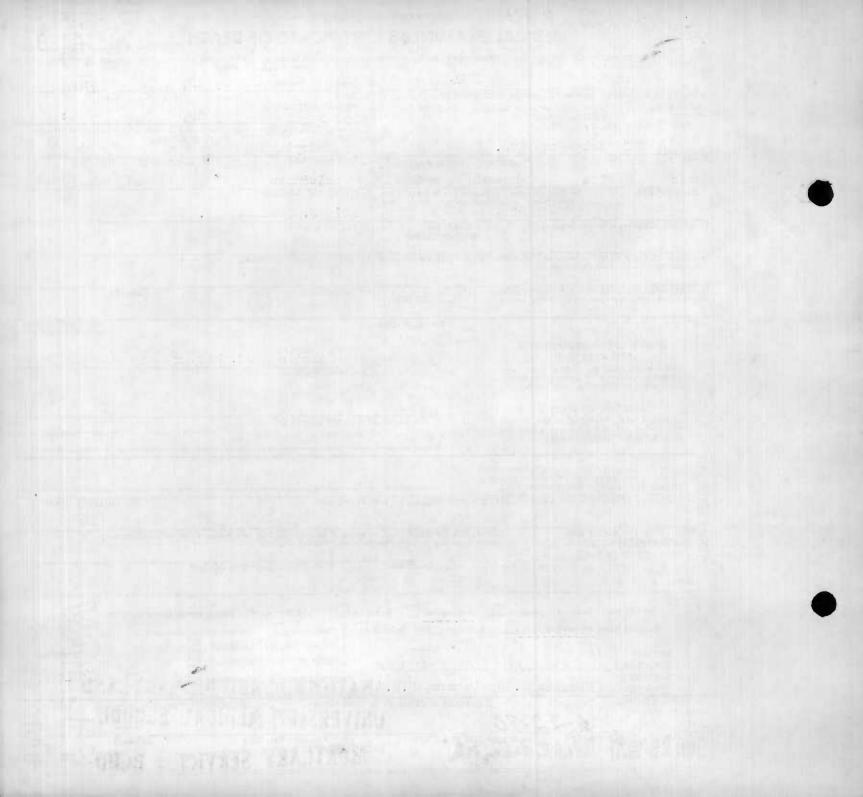
H-525	70	6467		HEALTH DEPARTMENT	REG. NO	70 6467	7.
1. NAME OF DEC	B. O. Juan	nita Ha			ND HOUR OF DEATH	8:50 p	
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOU	NCED DEAD			nstitutiom residence before odmiss	M.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET	Maryland C. CITY OR TOWN	NIT	2841	
34			tal, Inc.	Baltimore		YES NO	
	1514 Div	e, Mary	land	E. STREET AND NUMBER 3610 Woodbir	10		
5. SEX Female	Negro	WIDOWED		8. DATE OF BIRTH 6-6-70	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Months Days Hours Mig	
10A. USUAL OCCU	JPATION (Give kind of work working life, even if retired)	10B, KIND OF		11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUN	TRY?
adile during mea air	Totally me, even is remed,			Baltimore, N	Maryland	U.S.A.	
13. FATHER'S NAM				14. MOTHER'S MAIDEN NA	ME		
Alonzo				Juanita Hank	cins	Same	
15. Was Deceased (Yes, no or unknown)	Ever In U. S. Armed Ford Ill yes, give wor at dates	es? of servicel	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	_
				Juanita Hank	cins	Same	
(This does not heart failure, injury or com  DISEASES Of the UNDERLYING  OTHER SIGNIFIT TO THE DEATH DISEASE OR CO 19A. DATE OF  21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME	E OR CONDITION DIR LEADING TO DEATH of mean the mode of asshenia, etc. If means plication which caused UNTECEDENT CAUSES  R CONDITIONS, if o obave cause (A) CONDITION lost.  CANT CONDITIONS CON H BUT NOT RELATED TO TH DNDITION GIVEN IN PART OPERATION 19B. COND WAS PERFORM T WAS UNDERLYTING TING CAUSE OF medical examined  (Month) (Day) (Year)	dying, e.g., the disease, death.)  ny, giving stoling the  ITRIBUTING E TERMINAL 1 (A).  DITION FOR WI DRMED	(B)	SE A CONSEQUENCE OF:  A CONSEQUENCE OF:  20A. AUTOPSYZIVES OF No. 1 or obout 21 C. WHERE DID ice bidg., INJURY OCCUR?	(If In Baltimor	FINDINGS CONSIDERED USES OF DEATH?  The City, give exact lacotion	
(APPROX.)	•	While Work	At Not While		DRY OCCOR		
	that (I) (this haspital) last saw the deceased		deceased from J June 6, 1970		19 70 to Jun at In(my) (our) opl	e 6, 19	70
and hour and	fragt the causes state	d obave. (1)	(We) (dld) (dld not) vi	ew the bady after deoth.	in the transfer of	aram araming on the o	-14
23A. SIGNATU	"Warmel	The	Atten	eding Med.	Staff Phys.	23B, DATE SIGNED 6-15-70	
23C. PHYSICIAN NAME (Ty	MANUEL	G. n	DUGALE	ANATAMV I	ROARD OF	MARVIAND	_
24A. BURIAL CREA REMOVAL (S	AATION, 248. DATE (Carelly) 6-23-7		AE of CEMETERY OF CRE	UNIVERSITY	MEDICAL	ty, town, or county) (Stote)  L SCHOOL	
JUN 25 1	Probes E	Jaben N	REGISTRAR	25C, FUNERAL DIRECTOR	SERVICE	ADDRESS	
/C 150_DEV/ 1/1/4	b						_



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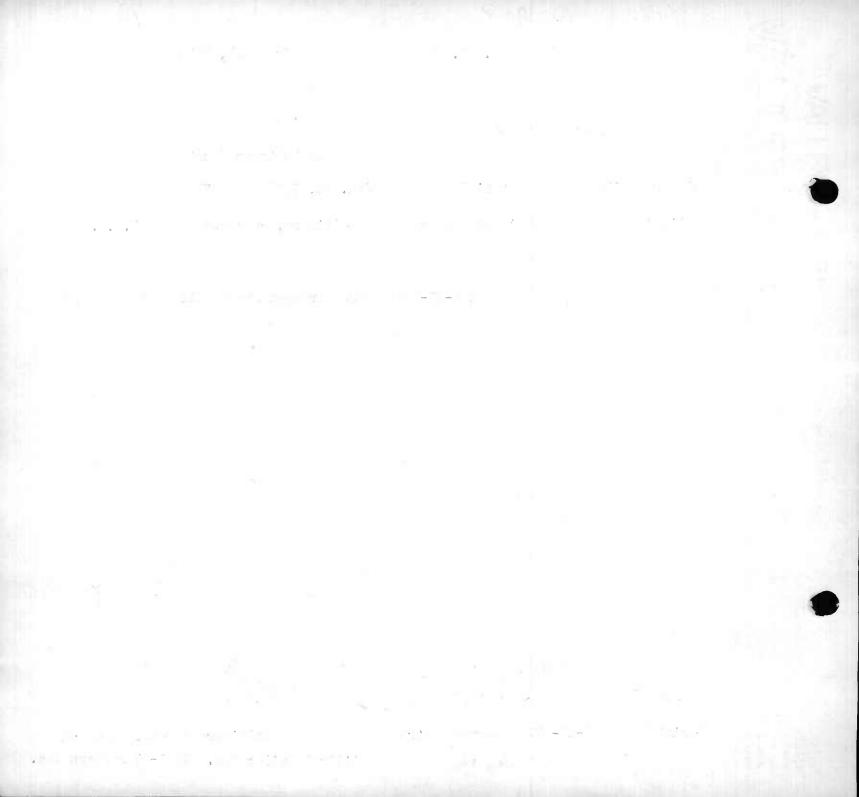
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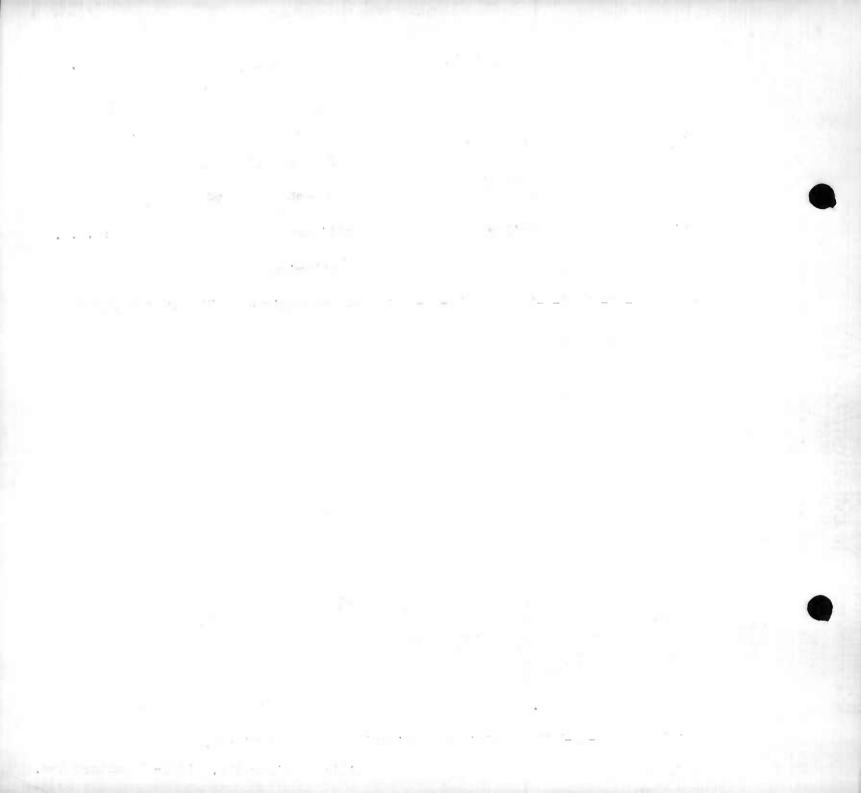
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NAME OF T	EDW	VARD A.	F. STAAB	June 24,	1970	
FULL NAM		or institution,	give street	4. USUAL RESIDENCE (Where decees A, STATE B. COUNTY Mary Land		104
HOSPITAL	522 Holtzman			C. CITY OR TOWN (If outside city  Baltimore  D. STREET ADDRESS (If rurol, giv.		JRAL ond give township)
				522 Holtzman C		
· sex	6. RACE	7. MARRIED, WIDOWED Marr	NEVER MARRIED  , DIVORCED (specify)	B. DATE OF BIRTH  9. AGE of lost birth  Jan. 12, 1896	(In years	If Under 1 Yr. If Under 24 I Months Doys Hours Min
	CCUPATION (Give kind of work of working life, even if retired)		BUSINESS OR INDUSTR		ту)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S	IAME			14. MOTHER'S MAIDEN NAME		
	sed Ever in U. S. Armed For own) (If yes, give wor or dote		16. SOCIAL SECURITY NO. 211-01-5933	17. INFORMANT Mrs Margaret Staab	522 Ho	ADDRESS
18.	1 50 11			OF DEATH	J44 110	INTERVAL BETWEEN
The state of the s			-/-		, _/	ONSET AND DEATH
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heart faile	ne, asthenia, etc. It means camplication which caused	the disease, death.)		U		
heart faile	ie, asthenia, etc. It means	the disease, death.)	(8)	<i>V</i>	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the virten approval must be obtained before the remains are embalmed or final disposition is made.

S-620 70		Y HEALTH DEPARTMENT	REG. NO	70 6473
1. NAME OF DECEASED	HN SQUIRES	2. DATE AP	ND HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, W			25-70	2.05 A
		II .		stitution: rosidence before admission
FULL NAME OF (IF NOT IN HOSPIT, HOSPITAL OR ADDRESS OR LOCALINSTITUTION)	AL OR INSTITUTION, GIVE STREET (TION)	MARYLAND c. CITY OR TOWN		ORE CITY 602
3 THE JOHNS HOPKI	NS HOSPITAL	BALT! MORE  E. STREET AND NUMBER		YES NO
		2718 ORKEAN	9 STREET	
5. SEX 6. RACE MALE WHITE	7- MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 10-3-91	9. AGE (In years lost birthday)	if Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
IOA. USUAL OCCUPATION (Give kind of work		11. BIRTHPLACE (Sigle or fore	ign country!	12. CITIZEN OF WHAT COUNTS
fone during most of working lile, even if retired)  Retimed	Boiler Maker	Baltimore		·U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	.045.24
JOSEPH SQUIRE		Catherine		
5. Was Deceased Ever in U. S. Armed Force Yes, no or unknown) (II yes, give wor or dates 7-19-17 6-	of service) SECURITY NO	17. INFORMANT Mrs Eva Squire	g 2710 A.	ADDRESS
18.	CAUSE OF DEAT		5 2/10 Ur.	leans Street
injury at complication which caused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if a rise to the abave cause (A)  UNDERLYING CONDITION last.  Il  OTHER SIGNIFICANT CONDITIONS C	ny, giving (B)	C V A  A CONSEQUENCE OF:		
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21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	218. PLACE OF INJURY (e.g., in hame, form, foctory, street, after.)	or obout 21 C. WHERE DID	(If to Boltimore	City, give exect location)
	(Hour) 21E INJURY OCCURRED  While At  Not While  Not Work	21F. HOW DID INJU	JRY OCCUR?	
22. I certify that (1) (this hospital)	ottended the deceased from		9to	6-25 19 70
that (1) (1) last saw the deceased		19 <u>70</u> and the	niqo (ny) (qua) opin	ion death occurred on the dat
and hour and from the causes state	d above. (1) (W) (did) (db) (ax) vi	ew the body ofter death.		
mue of so	After Phys.	Med.	Staff Phys.	23B. DATE SIGNED
JAMES L	. BOLEN	3D. ADDRESS		SPITAL
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE			/, town, or county) (Stote)
Burial 6-29-197	O Baltimore Nation		imore, Mary	
	Saber MD.	25C. FUNERAL DIRECTOR		-07 Eastern Ave.

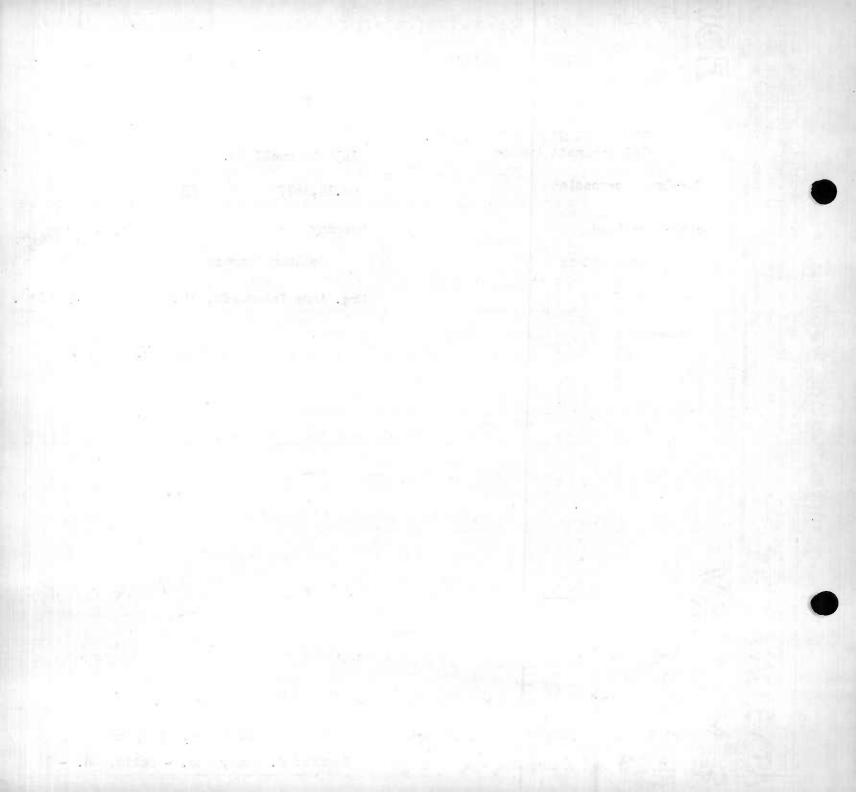


IMPORTANT DIRECTOR: FUNERAL

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5. W		ver in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT	THE ACTUAL OF	AD	DRESS
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	njury or compl	sthenia, elc. It meons licalion which coused						
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K-60	56 70	6476	BALTIMORE CITY	TE OF DEATH	REG. NO	70 6476
BIRTH NO. 1. NAME DF D (Type or Print)	ROSE		KRAHMER -Gr	2. DATE A	ND HOUR OF DEATH	6.45 p.m.
49	NORTH CHARLES 2721 North Ch Baltimore, Ma	GENERAL narles St	reet		ere deceased lived. If ins	Stitution: residence before admission  DE CITY LIMITS?  YES X NO
5. SEX female	caucasian	7- MARRIED []	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 8 Aug.19, 1869	9. AGE (In years last birthday) 80	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
10A. USUAL DC done during most Hous	CUPATION (Give kind of work of working life, even if refired)  ewife		SINESS DR INDUSTRY	11. BIRTHPLACE (Stole or fore	eign country)	12. CITIZEN DE WHAT COUNTE
	Max Krai جيx¢xz <b>Krabmerz</b> x	ERRENZX		14. MOTHER'S MAIDEN NA Caroline	Krahmer	
Yes, no or unknow	ed Ever in U. S. Armed Forc vn) (If yes, give wor or dates		SOCIAL SECURITY NO. 40182650	17. INFORMANT	x .Miss Agnes (	Address Griebel same
rise to UNDERLYII	ANTECEDENT CAUSES OR CONDITIONS, il a the above cause (A) NG CONDITION last.	stating the	(c)	A CONSEQUENCE OF:		
TIO THE DEA	IFICANT CONDITIONS CON ATH BUT NOT RELATED TO TH CONDITION GIVEN IN PART OF OPERATION 198 COND WAS PERFO	E TERMINAL 1 (A). ITION FOR WHIC	***************************************	20A. AUTOPSY? (Yes or No		INDINGS CONSIDERED
. OR CONTRI	ENT WAS UNDERLYING DESCRIPTIONS DESCRIPTIONS DESCRIPTIONS DESCRIPTIONS DE LA COMPANION DE LA C		CE OF INJURY (e.g., ir urm, factory, street, of	or about 21 C. WHERE DID		City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)	(Hour) 21E, INJ While A Work	URY OCCURRED Not While At Work	21F. HOW DID INJ	URY OCCUR?	Principal
that (1) (we	y that (1) (this haspital)  ) last saw the deceased	alive on	6/11/	7.0 19 ond th	19 <u>57 to</u> not in (my) (our) opini	19
23A. SIGNAT	INE J	d above. (I) (W	Atter Phys.		Staff Phys.	238. DATE SIGNED
23C. PHYSICI NAME 14A. BURIAL CR REMOVAL	Dr. Marion		DEGREE OF CEMETERY OF CRE	5211 Harford		
Buria Buria	D BY HEALTH DEPT.	Hol	y Redeemen	Cem. Ba	ltimore, M	(Stote)  ADDRESS
JIM Z b	1970 Vaber & E.	7 7		Leonard J. Ru		

IMPORTANT

FUNERAL DIRECTOR:

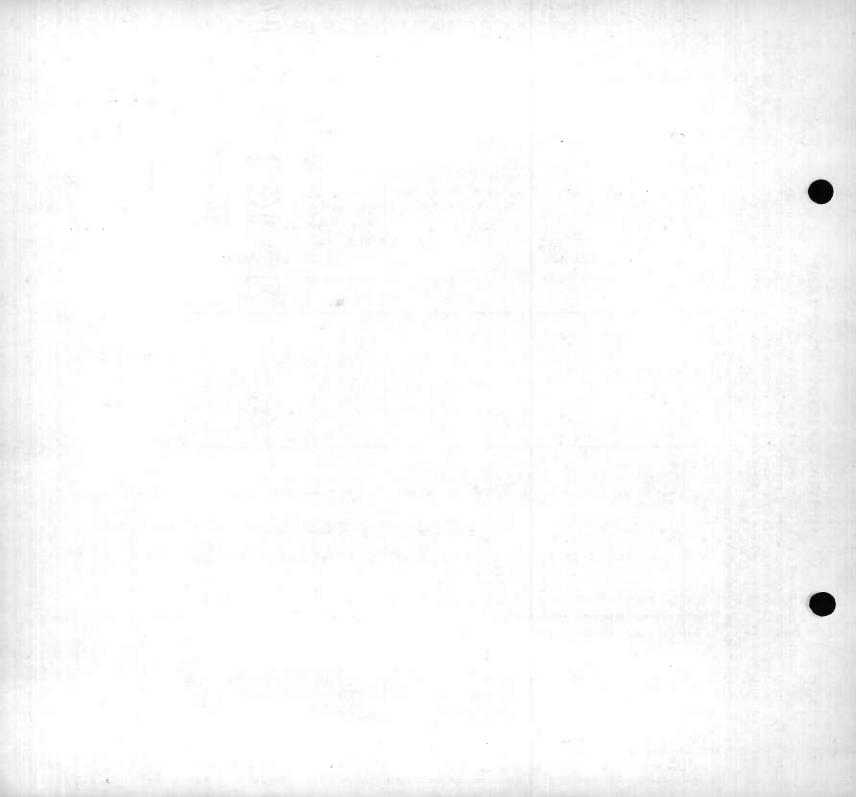
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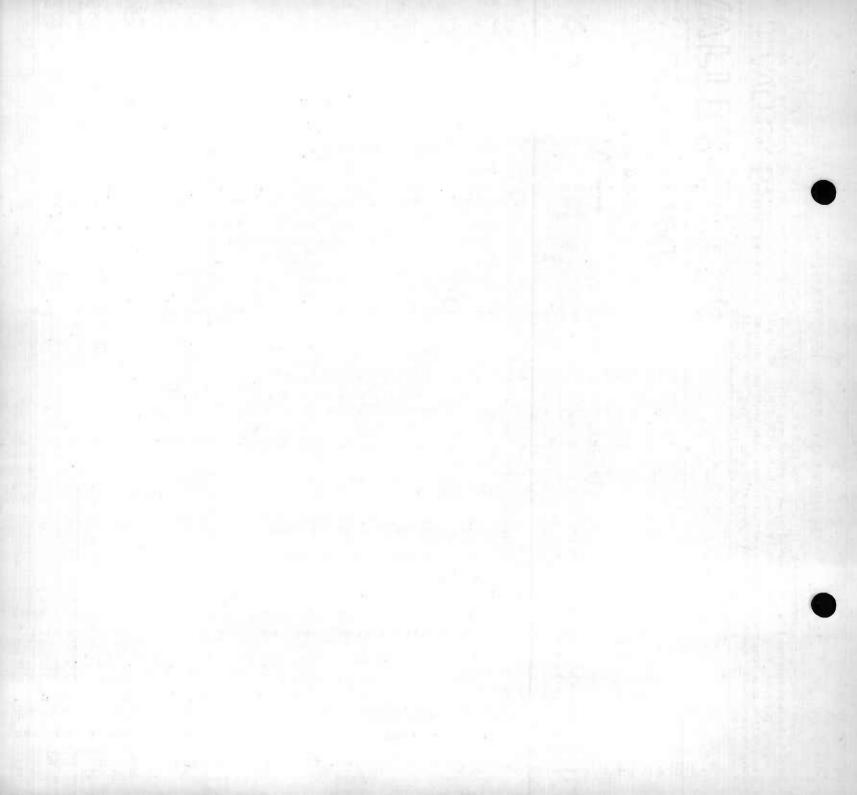
11	-		BALTIMORE CITY	HEALTH DEPARTMENT		70 0478
BIRTH NO.	70	6478	CERTIFICA	TE OF DEATH	REG. NO	10 6416
Type or Print)	MARIE		HICKMA	N SELS	AND HOUR OF DEATH	1701 8A1
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE TW	here deceased lived. If	institution: residence before odmission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Maryland C. CITY OR TOWN	THE HOTEL BURNER	AND CITY LIMITS?
00 15	65 Abbottston	Stree	t	Baltimore E. STREET AND NUMBER	W J	YES NO
				1565 Abbottst	on Street	4/17
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 H
Female	Caucasian	WIDOWED	DIVORCED [	Aug. 22, 1894	75	Months Doys Hours Min.
DA. USUAL OCC	UPATION (Give kind of work	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNT
	working lile, even il retired) emaker	Hon	ne	Maryland		U.S.A.
3. FATHER'S NA	cank Ritger			14. MOTHER'S MAIDEN N Catherine		
5. Wor Decease	Ever in U. S. Armed For	ces?	16. SOCIAL	17. INFORMANT		ADDRESS
res; no or unknows	n) (If yes, give wor or dote	s of service)	SECURITY NO.	Laurence Hick	man, Same as	s # 4
18.4	0.91		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DI	RECTLY			1	BETWEEN ONSET AND DEA
	LEADING TO DEATH		(A) IMMEDIATE CAL	(orone	my soll	ander !
	nal meon the made of			A CONSEQUENCE OF:		
	osthenia, etc. It means application which caused				1	
	ANTECEDENT CAUSES		ar	0100 00	Klan 6	Va ( )
			(B)DUE TO, OR AS			reecx
	OR CONDITIONS, if abave cause (A)		DUE TO, OK AS	A CONSEQUENCE OF:	R /	1.
	G CONDITION last.		(c) Ae	con dan	yenen	iva
	11			/	1	
	FICANT CONDITIONS CO					
TO THE DEA	TH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	T I (A).		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		***************************************
	F OPERATION 198. CON WAS PERI	DITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes or I	No. 20 B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDE	NT WAS UNDERLYING		PLACE OF INJURY (e.g., i	n or about 21C. WHERE DID	(If In Baltima	ore City, give exect location)
OR CONTRIB	UTING CAUSE OF medical examiner		e, form, factory, street, o	fice bldg., INJURY OCCUR?	,	- Fi Brea aver, tecentri
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY		Wh	ile At Not While	е		
					0	
22. I certify	that (1) (this haspital	) attended t		luc 20	19/0 10	ue 25 1976
that (I) (we)	last saw the decease	d alive an	genens	5 194 0 and	that in (my) (dur) ap	inlan death accurred an the de
and haur an	d fram the causes stat	ed abave. (I	) (We) (did) (did nat) v	iew the bady after death		
23A. SIGNATI						23B, DATE SIGNED
111414	60 11 AV	IDED		nding Med.	Staff	Den 35 70
23 C. PHYSICIA	AN'S	1/2 M	DEGREE Phy	23D. ADDRESS	Phys. $\square$	Jane 1
NAME (	relege 10	B	0.	1 , -	Parelle	000
100	The second	rue	Cryon BEGREE	3001	Walle	useren
AA. BURIAL CRE	MATION, 24B. DATE Specify)	24C. N	AME of CEMETERY of CRE	MATORY / 24D.	LOCATION (C	City, town, or county) (State)
BURIAL		,1970 B	altimore Ceme	tery Ba	ltimore, Man	rvland
SA. DATE REC'S			OF REGISTRAR	2SC. FUNERAL DIRECTO	OR .	ADDRESS
JUNZO	19/U 168es 8	Jaber		Wm. Cook-Bro	ooks Towson,	1050 York Road
'S 150-REV. 1/1/	'AD		~ · ·		)	Towson Maryland



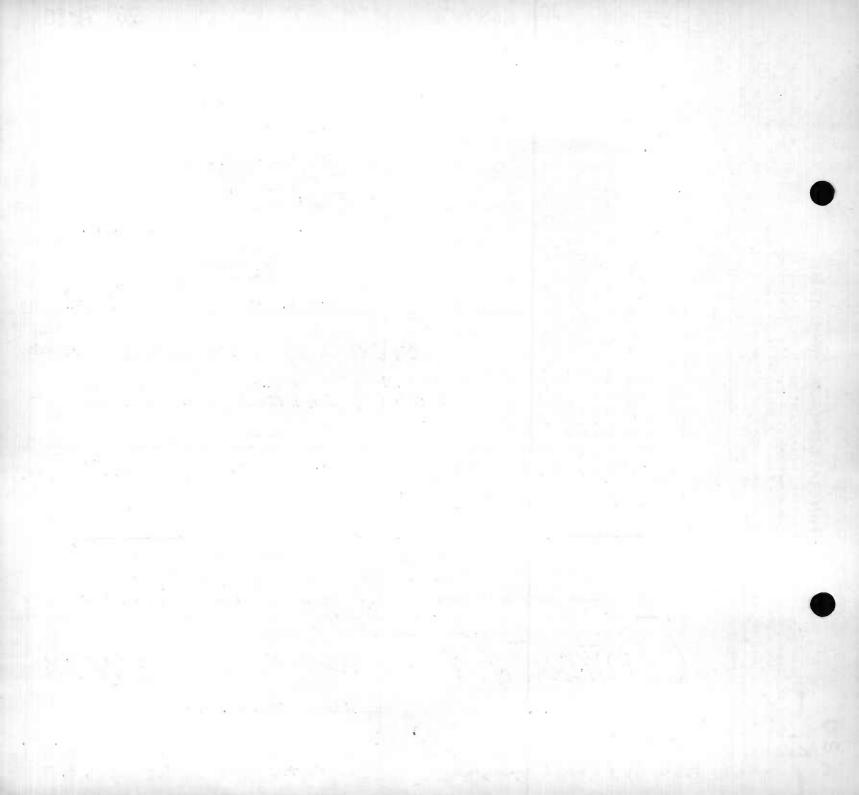
IMPORTANT

FUNERAL DIRECTOR:

1/ 11/1	BALTIMORE CITY	HEALTH DEPARTMENT	140
H-400 70 6478	CERTIFICA	TE OF DEATH REG. NO.	04.0
Type or Print) MARY MARIE CATHE		June 24, 1970	3.45 A M
FULL NAME OF HOSPITAL OR IN ADDRESS OR LOCATION)  HOUSE in the Pines		A. USUAL RESIDENCE (Where deceosed lived. A. STATE B. COUNTY Maryland C. CITY OR TOWN Baltimore E. STREET AND NUMBER	INSIDE CITY LIMITS?  YES NO   NO
5837 Belair Road		1719 E. Northern Parkwa	ay
formal a concention	NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In yeors lost birthdoy)  74 yrs.	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KIN ( one during most of working life, even if retired) homemaker	o of Business or Industry home		12. CITIZEN OF WHAT COUNTRY U.S.A.
3. FATHER'S NAME Phillip De Greif	Til killin	14. MOTHER'S MAIDEN NAME Mary Kuehner	
5. Wos Deceosed Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dotes of servi	16. SOCIAL SECURITY NO. 215 - 22 - 3 222	Lona E. DeGreif, 1719	Address 21212 E. Northern Pkwy.
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, girnise to the above cause (A) sloting UNDERLYING CONDITION last.	ving (B) arteress.  DUE TO, OR AS  the (C) & Cabo	CONSEQUENCE OF:  LESS CONSEQUENCE OF:  LESS CALLELIANS.	20 yrs
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).  194. DATE OF OPERATION WAS PERFORMED		20 A. AUTOPSY? (Yes or No) 208. IF YES, WI	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF  DEATH (notify medical examine)	21B PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C, WHERE DID (If in Bolt ffice bidg., INJURY OCCUR?	limore City, give exact location)
21D.TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED  While At Not While Work  Not Work		
22. I certify that (I) (this haspital) attend that (I) (we) lost sow the deceased alive and haur and from the couses stated above	on June 2	gene 1937 to 1970 ond that in (my) (our) view the body ofter death.	
23A. SIGNATURE  PLOONE  23C. PHTY CLAN'S NAME (Type)	DEGREE Phy	23D. ADDRESS	23B. DATE SIGNED 6/25/70
4A. BURIAL CREMATION, 248. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY of CR		(City, town, or county) (Stole)  1, Baltimore, Marylan
JUN 26 1970 Page 8 Jan	ME OF REGISTRAR	Wm. Cook-Brooks Towson	ADDRESS 1, 1050 York Road Towson, Maryland



S ==	70	648	BALTIMORE CITY	HEALTH DEPA	ARTMENT		'70	0480
0-01	00	040	CERTIFICA	TE OF D	EATH	REG. NO	1/0	6400
NAME OF DEC	°FA SED				2 DATE AL	ND HOUR OF DEATH	4	
Type or Print)	ANNA	M.	SM	TH	June			
PLACE IN BA	LTIMORE, MARYLAND, W		JNCED DEAD		IDENCE (Whe	ere deceased lived. If		ence before odmission
FULL NAME OF	(IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTITU	JTON, GIVE STREET	Maryla C. City OR TO		Howard	SIDE CITY LIMIT	6300
NOITUTITEN							YES T	NO 🕅
40 St.	Agnes Hospita	1		E. STREET AN	D NUMBER	У	153	NOLA
	1	1			) Windir		T	
SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIE		9. AGE (In years lost birthdoy)	If Under 1 Months Do	Yr. If Under 24 Hr ys Hours Min.
Female	White	WIDOWED		April 2		77		
	UPATION (Give kind of work working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or fore	eign country)	12. CITIZEN	OF WHAT COUNT
housew		at	home	Penna	l.		U.S	.A.
FATHER'S NA	ME			14. MOTHER'S	MAIDEN NA	ME		
Lew	ris Adams				Verona	Slusea		
5. Was Decease	d Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMAN			AI	DDRESS
es, no or unknow	(It yes, give wor or dote	s of service)	SECURITY NO.				Winding	
no			212 10 2435	Richard	L. Smi	ith Elli	cott Cit	y, Md. 21043
18. Konfo	10.91		CAUSE OF DEATI	1				PPROXIMATE INTERVAL
rise Io II	OR CONDITIONS, if ne obove couse (A) G CONDITION lost.		(c)	A CONSEQUEN	CE OF:	//		0.4
TO THE DEA		HE TERMINAL AT 1 (A).	VHICH OPERATION	1/8/02 20A. AUTOP	CO, CI	208. IF YES, WERI	NHALLS	DNSIDERED
19A. DATE O	WAS PERI	FORMED		-		IN CERTIFYING C	AUSES OF DEA	ATH?
OR CONTRIB	INT WAS UNDERLYING UTING CAUSE OF y medical exominer	21 B. hom etc.)	PLACE OF INJURY (e.g., i e, form, foctory, street, of	fice bldg., INJUR	WHERE DID RY OCCUR?	(If In Baltim	ore City, give e	xoct location)
21 D. TIME	(Month) (Doy) (Yeor)	(Hour) 21 E.	INJURY OCCURRED	21F. H	IOW DID IN.	JURY OCCUR?		
OF INJURY	1	Whi	le At Not While			-		
20.1.11	1 115/15 1 1		/	he e e o	61	-/2	7	21 . 7
/	that (1) (this hospital		he deceased from	ung	WW.	1900 to	men	19 26
	ast saw the decease		frence	1019/9		natin (my) <del>(aga)</del> o	oinion death o	occurred an the de
and hour an	d fram the coyses stat	ted above. (I	(did) (did) v	iew the body	ofter death			
23A. SIGNAT		77/	10000				23 B. DAT	IGNED
111	XI DIMAUIX	1/1/1	Alto Phy	nding	Med. Director	Staff Phys.	6/2	13/70
23 PHYSICE		0000	DEGREE	23D. ADDRESS			epo	9
NAME (							L	
4A. BURIAL CR	stan Mass M. I	24C. NA	DEGREE	Ellicot	t City	Md. 21043	City, town, or c	ounty) (Stote)
REMOVAL	(Specify)	240.117	of Carretter of Car				,	,
buria			ake View Mem.	1		ldersburg	Carr	oll Co. Md.
DA. DATE REC'I	BY HEALTH DEPT.	258. NAME C	OF REGISTRAR		AL DIRECTO			ADDRESS
DRANG	निता नित्रदेश ह	Valley	M.D.	Higinb	othom! S	lack Elli	cott Ci	ty, Md. 2104
S 150-REV. 1/1	/68							



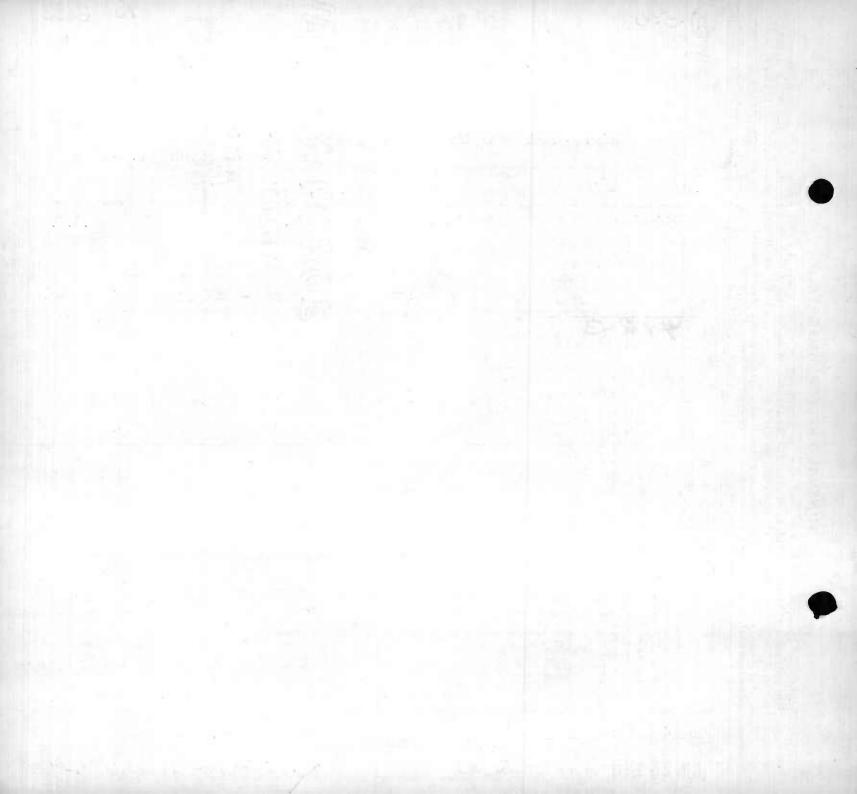
H-20 BIRTH NO.	70	6481		TE OF DEATH		70	6481
1. NAME OF DE (Type or Pint)	VAN L.	HAYES			AND HOUR OF DEAT		1 A
3. PLACE IN BA	ALTIMORE MARYLAND,		UNCED DEAD	4. USUAL RESIDENCE (V	NE 20, 19	70	1:10 A
FULL NAME OF			TUTION, GIVE STREET	MARYLAND	BALTIN	144	ITY 52
	THE JOHNS H	OPKINS	HOSPITAL	BALTIMORE  E. STREET AND NUMBER		YESX LIA	MITS?
					OR CONVALE	SCENT	HOME
MALE	6. RACE NEGRO	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF SIRTH	9. AGE ( peors		1 Yı. II Under 24 Days Haurs Mir
OA. USUAL OCC one during most o Kitchen	. Morking me, even it tented)	KIOB, KIND O	BUSINESS OR INDUSTRY	Maryland	fareign country)		EN OF WHAT COUN
3. FATHER'S NA				14. MOTHER'S MAIDEN	VAAAF	0.8	.A.
	VANSIE HAY	ES			DE GREEN		
. Wes Decease	d Ever in U. S. Armed Fo		1 6. SOCIAL	17. INFORMANT	- WINELIY		ADDRESS
No	my yes, give war at dok	s of service)	SECURITY NO.			Baltin	nore, Md
18.	1 / 04		216-18-0641 CAUSE OF DEATH	Armenta Hayes	Mattocks 3	34 North	Rosedale
rise to the UNDERLYIN  OTHER SIGNIFICATION OF THE DEAL DISEASE OR CO	OR CONDITIONS, if e abave cause (A) G CONDITION lost.  II FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR	NTRIBUTING HE TERMINAL	(c) B	iliary ob	struction	1	4 mouth Lifelong
5/19	OPERATION 198 CON WAS PERIOD TO WAS UNDERLYING	DILIANY	Obstruction	20A. AUTOPSY? (Yes or	IN CERTIFYING C	FINDINGS C AUSES OF DE	ONSIDERED ATH?
OR CONTRIBE	medical examined	home	PLACE OF INJURY (e.g., in e, farm, factory, street, aff	or about 21 C. WHERE DID	(If In Boltime	ore City, give e	exact lacotion)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	While			NJURY OCCUR?		
22. I certify	that (I) (this hospital	) attended th	e deceased fram	Parch 81	19 20 ta	June	DO 10 20
that (1) (we)	last saw the decease	d alive an	June 1	9,19 70 and	that In(my) (aur) ap		Contract of the Contract of th
and hour and	d from the courses stat	ed abave. (I)		ew the bady after death			
23A GINA	charl Ser	suge	Atten Phys.		Shaff Phys	23R DATE	SIGNED NE LO, 197
	CHARD BE	WSING ?	ER MD	JOHNS 1	HOPACIUS	4651	PITAL
A. BURIAL CRE	MATION, 24B. DATE	24C. NA	ME of CEMETERY OF CREA	AATORY 24D.	LOCATION (C	ily, lawn, ar c	countyl (Stotel
Burial	6-24-19	70 Bro	padneck				
JUN 26		25B. NAME OF	F REGISTRAR	C.E. Hicks 1	R	Arunde	ADDRESS Md
150-REV. 1/1/6	68			T CONDIT		7	

Admitted to nursing Home 10/64.
7355 Furnace Branch Rd. Glen, Burnic, Md.

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VS 150-REV. 1/1/65

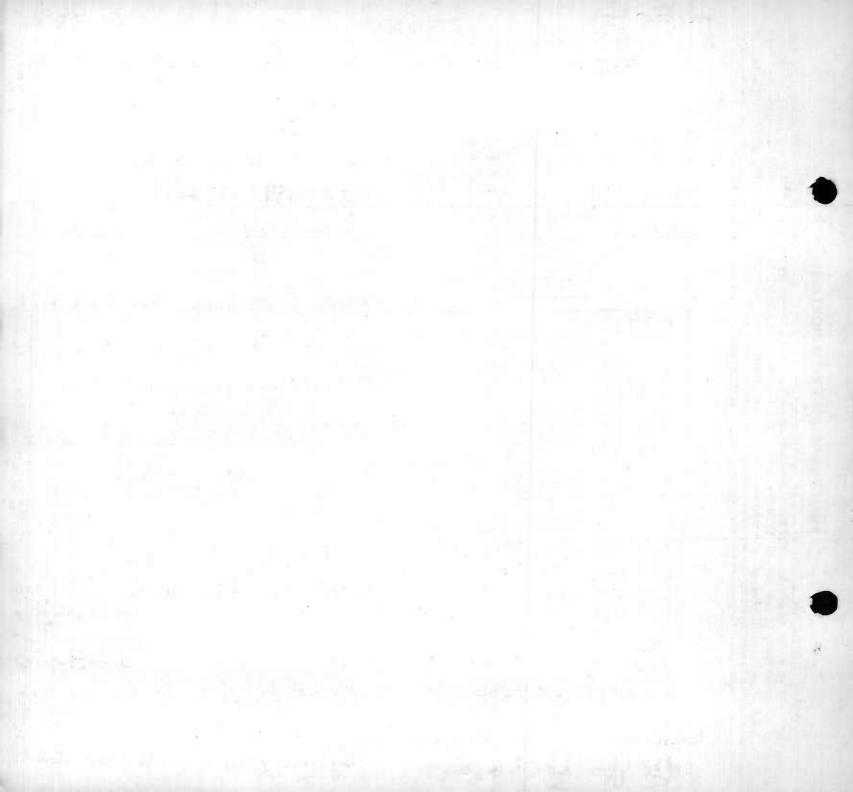
BALTIMORE CITY HEALTH DEPARTMENT



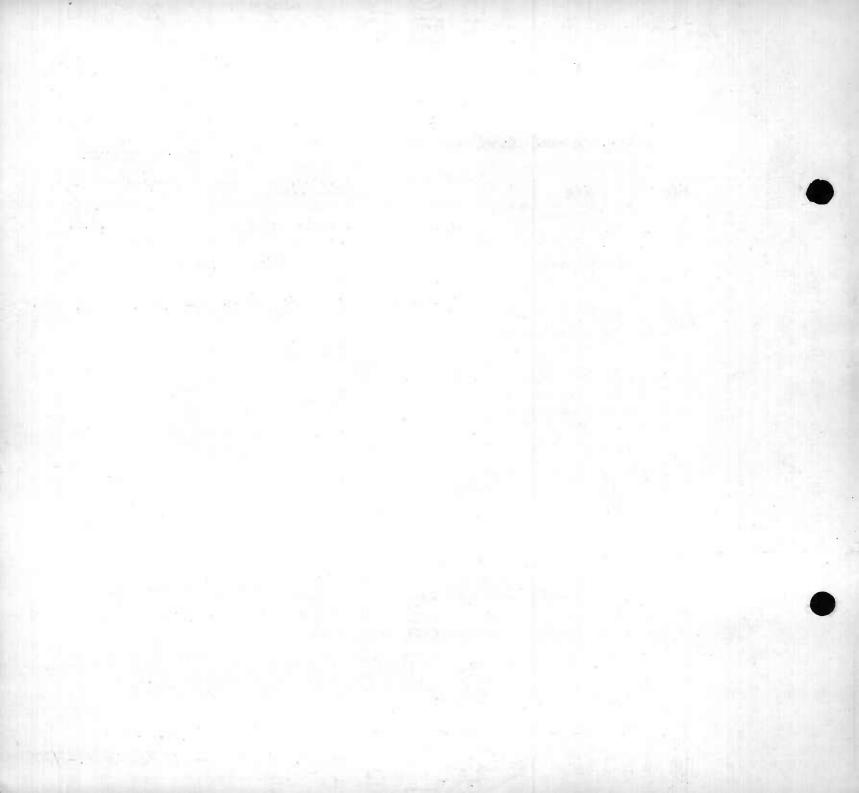
IMPORTANT

DIRECTOR:

FUNERAL



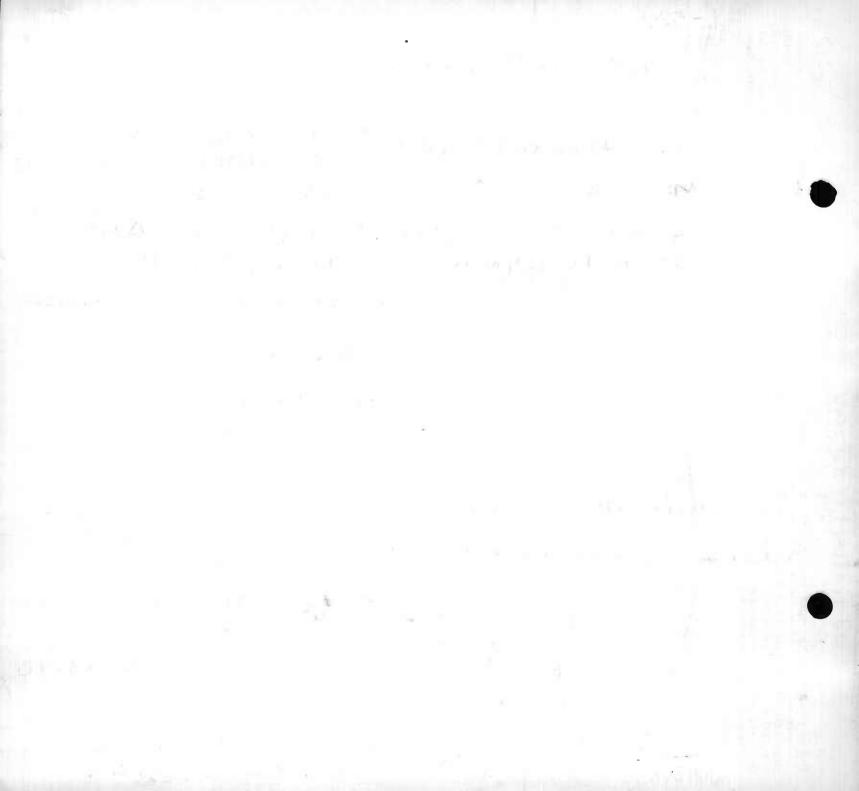
,/	\		BALTIMORE CITY	HEALTH DEPARTMENT	17	0 6485
4-300	2)	0485	CERTIFICA	TE OF DEATH	REG. NO.	0 6400
INAME OF DEC	CEASED	5400		D. DATE	AND HOUR OF DEATH	
(Type or Print).	John	Koho	ut	Jun	e 20,1970	18 A. M.
3. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (W	here deceased lived, If inst	itution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSP ADDRESS OR LOW	CATION)	TION, GIVE STREET	Maryland c. CITY OR TOWN Baltimore E. STREET AND NUMBER		E CITY (IMITS? YES NO
			V			ton Avenue
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yi. If Under 24 His. Months: Doys Hours Min.
Male	White	WIDOWED	DIVORCED [	April 6, 1893	1//	
	Working life, even if retired		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
JohnK.	Ruff		rvisor	Austria Hung	ary	U.S.A.
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	IAME	
-	Stephen Kohou	ut		Julia	unna Renner	
15. Was Deceased	Ever in U. S. Armed F	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
No or unknown	(If yes, give wor or do	oles of service/	212-10-3988	Mina Quilia S		c ~1151/
18. , 🔾	0 0		CAUSE OF DEATH	Miss Julia S	varovsky-2422	PAPPROXIMATE INTERVAL
/ /	SE OR CONDITION D	DIRECTIV				BETWEEN ONSET AND DEATH
DISEA	LEADING TO DEATH			SE Cardia G	2.0000-1-	Francisco (
	not meon the mode		(A) IMMEDIATE CAU	A CONSEQUENCE OF:	- ou nuesy	1 eto nguas
	osthenio, etc. It meor					
	ANTECEDENT CAUSI		Posts	11000	of 1: +	1 9,7000
	OR CONDITIONS, if		(B) DUE TO OR AS	A CONSEQUENCE OF:	è weterho	v 29 cus
	e above cause (A		0			
UNDERLYIN	G CONDITION last.		(c) Cling	un con g	estive sue	and 4 wills
	11		40	une e	auli p. e	ellen
	FICANT CONDITIONS C		0			
I DISEASE OR C	CONDITION GIVEN IN PA	ART 1 (A).		100 4	N. V. CAR	
19A. DATE OF	F OPERATION 198. CO	ERFORMED	HICH OPERATION	20 A. AUTOPSY? (Yes or	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
W	ALT WAS HAD FOUNDS		-			
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	home	PLACE OF INJURY (e.g., i e, form, foctory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimore	City, give exoct locotion)
DEATH (notify	y medicol exominei)	etc.)		-	-	
OF INJURY	(Month) (Doy) (Yeo	r) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
(APPROX.)	_	While	e At Not While			
22 Leartify	that (1) (this hospit	ol) attended th		6.18	1970 ta 6	. 19 19 70
/			6.20			
/	) last saw the decea					ian death occurred an the date
		tated abave. (1)	(We) (did) (did hat) v	iew the bady after deat		
23A. SIGNATI	ORE A	11.1	AMA	adian me Mad m		23B, DATE SIGNED
4	lout 1	Walce	ULL DEGREE Phy	nding Med. Director	Staff Phys.	6.20.70,
PHYSICIA NAME (		TNA	HESM	1202 H	· Paul &	CG. 21202
24A. BURIAL CRE	MATION, 248. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 24D	. LOCATION (City	, town, or county) (State)
REMOVAL	(Specify) 6-24-7	70 P	arkwood (emet	eru	Baltimore,	Aruland
25A. DATE REC'D	BY HEALTH DEPT-	258 NAME O		0	_	0
JUN 26	1970 Pale &	E Jaban	MD.	John (Mil	Ter Inc-6415 E	Belair Rd21206
VS 150-REV. 1/1/	/6B				,	



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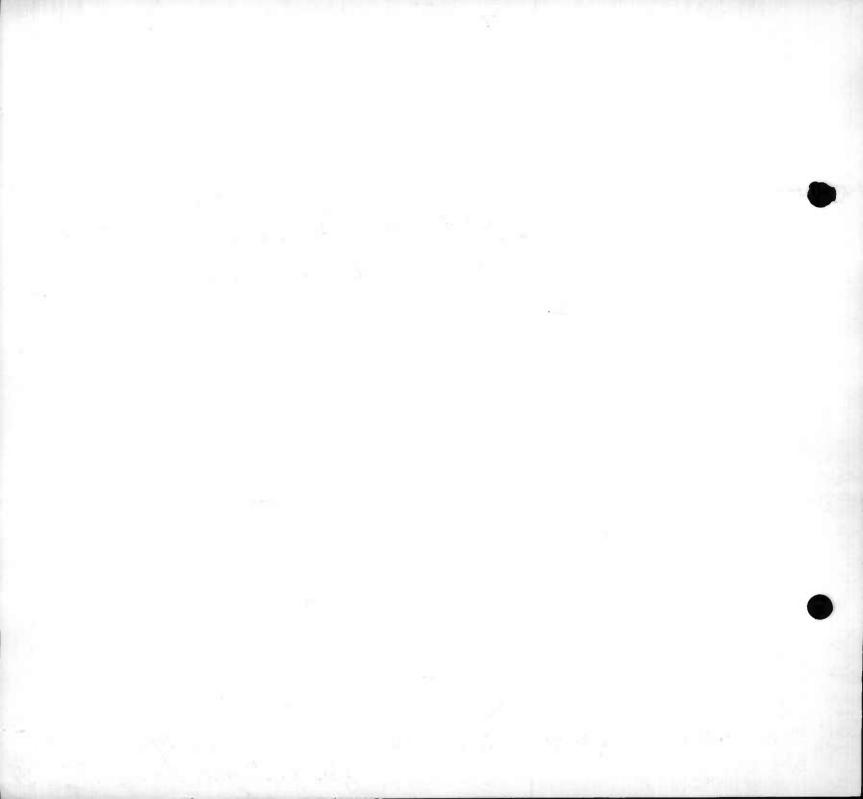
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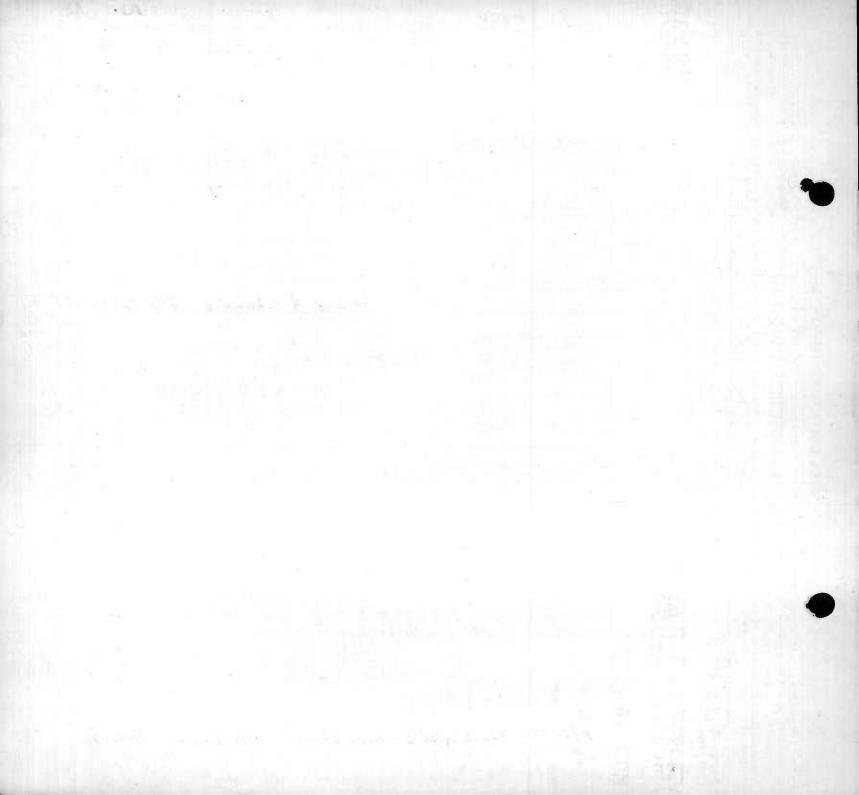
FUNERAL



FUNERAL DIRECTOR: IMPORTANT

		CITY HEALTH DEPARTMENT				
	BIRTH NO.	CATE OF DEATH REG. NO. 10 6487				
	(Type or Print) David M. Shack	2. DATE AND HOUR OF DEATH  (a) 47.0 1 12 30 A				
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONDUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)  A. STATE  B. COUNTY				
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Pa. 1803				
	INSTITUTION	C. CITY OR TOWN  D. INSIDE CITY IMITS?				
	Bollow Hesp.	E. STREET AND NUMBER				
de.	5. SEX   6. RACE   7. MARRIED   Control Married Marrie	1125 Holling S1				
mad	WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. II Under 24 Hrs. Months: Days Hours Min.				
on is	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDU-	STOY 11 BIOTUDY A OF C.				
sitio	Boiler maker + And	N. Versenia 4. SA.				
disposition	Frued Shock	14. MOTHER'S MAIDEN NAME				
	15. Wes Deceased Ever in U. S. Armed Forces? [16. SOCIAL	17. INFORMANT ADDRESS A ADDRESS				
final	Jes M. TL	whe - Viola had S. Alter				
almed or	W. LL 10191 CAUSE OF DI					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	M 1 T. 0 1 7 . 2 VIII				
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease					
emp	injury ar complication which caused death.)  ANTECEDENT CAUSES					
are	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF					
ns a	rise to the above cause (A) stating the UNDERLYING CONDITION last, (C)					
remains	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
9 70	DISEASE OR CONDITION GIVEN IN PART 1 (A).					
4	19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTORSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
for	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e. lorm, foctory, steet	g, in or about 21 C. WHERE DID , allice bldg, INLURY OCCUR?  (if in Boltimore City, give exact location)				
pe l	O Pearly medical exomined	, dilea diage inability of Control				
ained before	OF INJURY	21F. HOW DID INJURY OCCUR?				
be obt	22. I certify that (I) (this hospital) attended the deceased from	ork L				
	that (I) (we) last saw the deceased olive on 6/2/	19 to 19 19 19 19 19 19 19 19 19 19 19 19 19				
	and haur and from the causes stated obove. (1) (We) (did) (did nat) view the body ofter deoth.					
must	23A. SIGNATURE	Attending Med. Stoff P				
D A C		Phys. Director Phys.   6/24/C				
approval	ROWER	MIN HOSP.				
	DEMOVAL (Specify) 24B, DATE 24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION (City, town, or county) (State)				
Written	25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR) Californial, Red.				
\$	JUN 26 1970 Robert E. Jaber M.D.	25C. FUNERAL DIRECTOR ADDRESS OF ADDRESS OF				
*	VS 150-REV. 1/1/68	A STOCKE NICENS				





VS 151-REV. 1/1/68

Committee of the commit

BALTIMORE CITY HEALTH DEPARTMENT 6490 CERTIFICATE OF DEATH REG. NO. Deceased death I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO hospital death. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Where deceased lived, If institution: residence before STATE B. COUNTY ance A. STATE (2) cause FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR JOWN cause; attend 0 D. INSIDE CITY LIMITS? 0 Ξ. YES V contributing prior E. STREET AND NUMBER Undetermined regular made 5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE/OF BIRTH 9. AGE Un years eceased If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min. lost birthda WIDOWED TH DIVORCED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition death = done during most of working life, even if retired) Was 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME 4 death LO 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) [Uf yes, give wor or dates of service) 1 6. SOCIAL SECURITY NO. 17. INFORMANT 0 any pronounced or 18. CAUSE OF DEATH attend DISEASE OR CONDITION DIRECTLY of balmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF gular injury or complication which caused death.) em ANTECEDENT CAUSES who DUE TO, OR AS A CONSEQUENCE OF 9 DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician the remains UNDERLYING CONDITION lost Was 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). (2) Body the 198 CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 208. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? (If In Baltimore City, give exact location) hospital ŝ MEDICAL DEATH (notify medical examined any nature; obtained 21D. TIME OF INJURY (Month) (Day) (Year) (Houd 21 & INJURY OCCURRED 9 21F. HOW DID INJURY OCCUR? approved (except Not While While At (APPROX) and to the 22. I certify that (I) (this haspital) ottended the deseased from. sence that (I) (we) last sow the deceased alive an une. death); and that in (my) (aur) opinion death accurred on the date accident of hospital and hour and fram the couses stoted abave. (1) (We) (did) (did not) view the bady ofter death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending [X prior to Med. approval Phys. 0 23C. PHYSICIAN'S NAME (Typo) 23D. ADDRESS to An Charles C. MacMinn, M. D 2900 E. Baltimore Street D.O.A. 24A. BURIAL CREMATION, 24B. DAJE deceased 24C. NAME OF CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) REMOVAL (Specify) written 25A, DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR Jaber & VS 150-REV. 1/1/68

NO

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

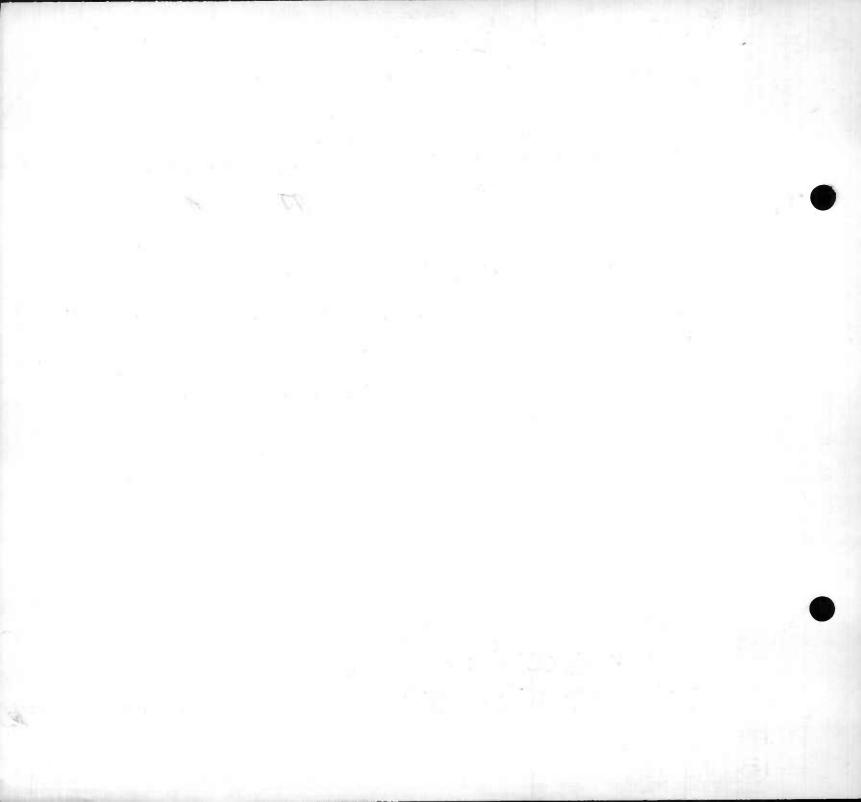
June 25, 1970

40 ADDRESS

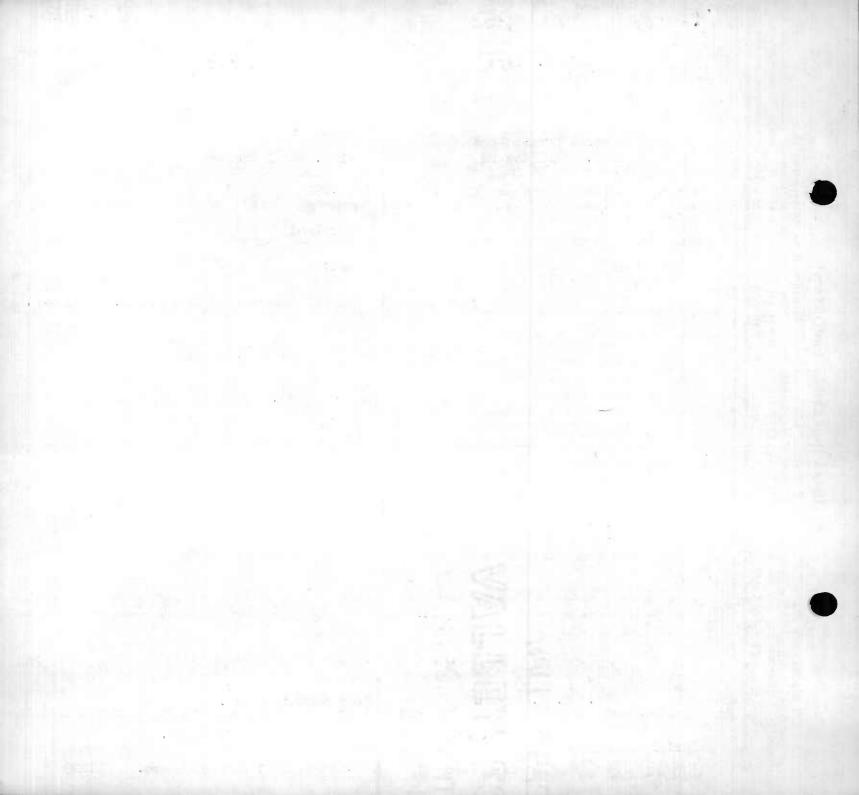
(Stote)



1.	47	155 70 CADA BALTIMORE CITY HEALTH DEPARTMENT
•	sed the the ush	BINTH NO. CERTIFICATE OF DEATH REG. NO. 70 6491
20	S	(Type or Print)
7	of of Dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission and a state.)
	hos Use (5)	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND
	in a cause; ause; attend	9 Key Circle Hospice Baltimore YES NO
	D.E. 0 0.E.	14) KPCIPSTON TOWNT
		MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years light blow) Months Days Hours Minter 24 Hrs.
	re- re- re- re- re- re- re- re- re- re-	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OF INDUSTRY 13
	or or s in dec	PACKING CO - MA
	direct or i; (4) Under the was in the dedisposition	13. FATHER'S NAME
Z		JOSEPH ROWALEWSKI UNRIVOWW  15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)  16. SOCIAL SECURITY NO.  17. INFORMANT ADDRESS / 19
RTA	the dy kind deat deat	NA I DATE II DATE I DATE
PORT	if if if if if if if if if if if if if i	18. GAUSE OF DEATH  CAUSE OF DEATH  APPROXIMATE INTERVAL
3	Also, e of noun attermed	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) NAMEDIATE CAUSE ( ) RC C LA TODY FAILUDE A PROPERTY OF THE CAUSE ( ) RC C C LA TODY FAILUDE A PROPERTY OF THE CAUSE ( ) RC C C LA TO
ä	oron pron ar balr	LEADING TO DEATH  (This does not meen the made at dying, e.g., heart toiture, asthenia, etc. It means the disease, injury ar camplication which coused death.)  (A) IMMEDIATE CAUSE I REGLATORY FAILURE AS A CONSEQUENCE OF:
TOR	fra fra god god god god god god god god god god	ANTECEDENT CAUSES ASCUL, CBS, Old COA
ECT	wh wh are	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the
DIA	fical cal a sician ician as ir	UNDERLYING CONDITION last. (c) Lat V Celliplegia
AL	edi bur bur hys n w	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
NER	a mody	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	by by by by	U 21A. ACCIDENT WAS UNDERLYING
	ital ital No p	G DEATH (notify medical examined) etc.)
	ospinospinospinospinospinospinospinospin	OF INJURY  (Month) (Doy) (Year) (Hour)  21E. INJURY OCCURRED  21F. HOW DID INJURY OCCUR?  While At D. Nol While C.
	he h	Work At Work
	app to the fan (e) (o)	that (1) (we) last saw the deceased olive an
	leased to leased to ident of hospital o death)	ond hour and from the couses stated above. (1) (We) (did not) view the body ofter death.
	S P O E	23& DATE SIGNED
	0 - 5 5 - 5	Attending Med. Shaff Director Phys.   23 D. ADDRESS   23 D. ADDRESS   23 D. ADDRESS
		KICHADD R. RIGLER MD 1.W.OUEDLEA AVE BALTO . 2120
	E-000-	REMOVAL (Specify) (City, town, or county) (Stote)
	the body shows: (1) was D.O. deceased written a	BURIAL 6/29/20 HOCY ROSARY DUNDALK MO.  25A. DATE RECID BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G. FUNERAL DIRECTOR 4 ADDRESS  10 TH 10 TH 10 THE PASSE OF SOURS
-		JUN 26 HM VOGERBE Jacker M.D. JOHN M. WESSEY SONS SCHESTER



BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YES K NO If Under 1 Yr. If Under 24 Hrs. House 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS 21229 General German Aged Home, 22 S. Athol Ave. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimare City, give exact lacation) ond that in (my) (aur) apinion death occurred on the date 23B. DATE MGNED (City, town, or county) ADDRESS Witzke, 4101, Edmondson Ave., 21229 150-REV. 1/1/6B



IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

NO

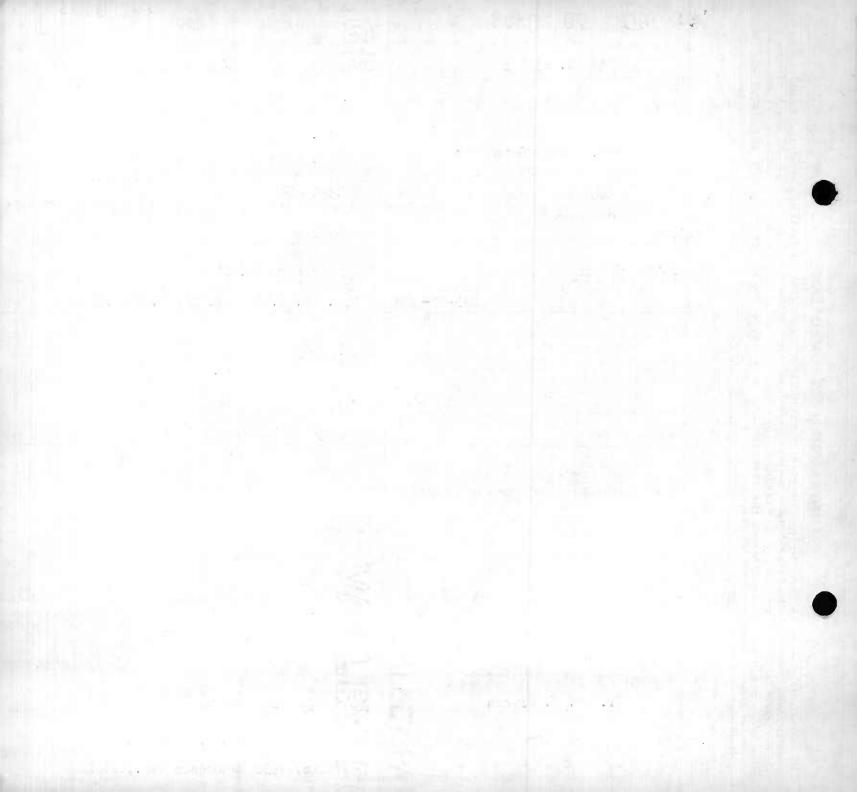
Hours

BETWEEN ONSET AND DEATH

USA

ADDRESS

If Under 24 Hrs.

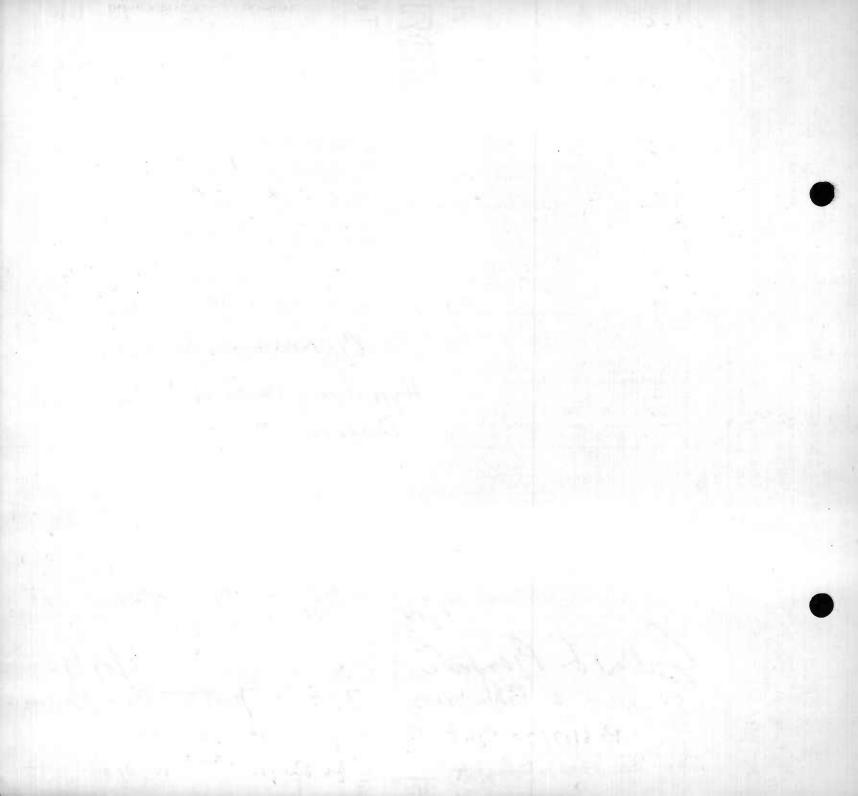


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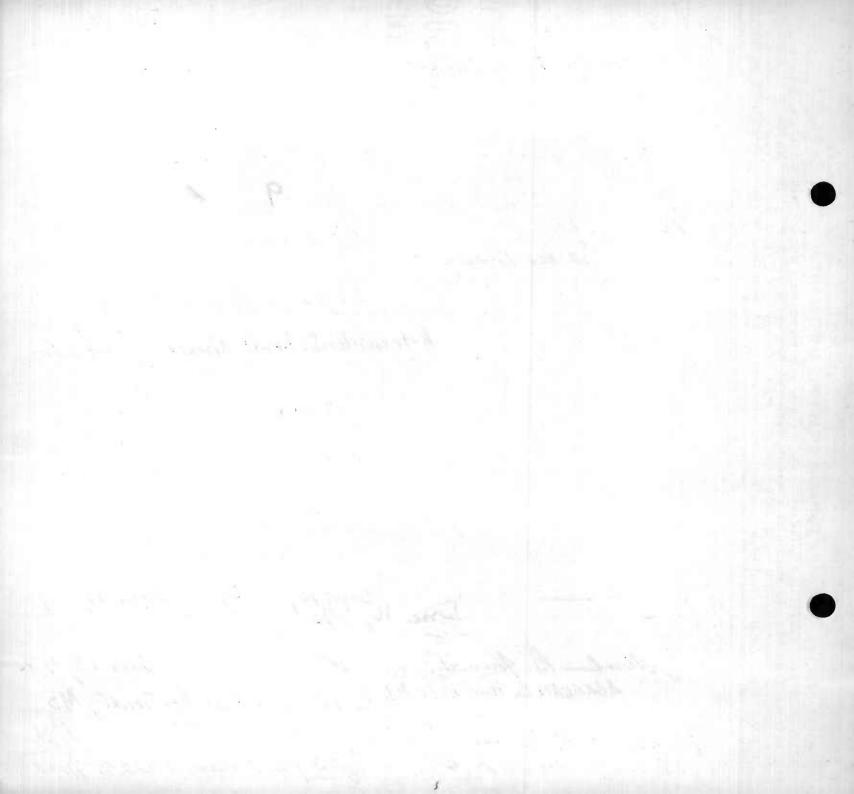
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



	1	BALTIMORE CITY	HEALTH DEPARTMENT		70 0-
	5525 70 A	495 CERTIFICA	TE OF DEATH	REG. NO.	7U 6495
	In NO.	, 100 CERTIFICA		D 110110 OF DEATH	
	SARAH F. V	OHNSON	Ju	NE 2/1	9701 8:30 a, m.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If in TY	stitution: residence before admission)
I HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
1/	Ashburton House clue.		Bastimore YES - NO		
10			E. STREET AND NUMBER	, ,	0
			1201 Harlen are		
5. 5	EX 6. RACE 7. MARRI	IED NEVER MARRIED DIVORCED DIVORCED	3-11-89	9. AGE (In years last birthday)	Manths Days Hours Min.
	USUAL OCCUPATION (Give Jind of work 108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even (it retired)	r	reh.		4.591
13.	FATHER'S NAME James B	ishof	14. MOTHER'S MAIDEN NAM	AE	
15.	Wos Deceosed Ever in V. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	7.0	ADDRESS
(Te	s,na arunknawn) (If yes, give war ar dotes of servi	2/9-18-10-407	Dr. Janus L.	Strusse ?	51 holphen St
	18.4 / 2.3	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	A rie rie	oscherotic heari	t disease	renkre non
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise	DUE TO, OR AS	A CONSEQUENCE OF:		
	injury ar camplication which caused death.)	,			
	ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if any, giverise to the above cause (A) stating	9	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.	(C)			********************************
_	II .				
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN				
CAI	DISEASE OR CONDITION GIVEN IN PART + (A).		20 A. AUTOPSY? (Yes or No.	208, IF YES. WERE	FINDINGS CONSIDERED
TIF	WAS PERFORMED	OR WHICH OFERATION	NO	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
AL CER	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Baltimor	e City, give exoct locotion)
DIC		21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
ME	OF INJURY (APPROX.)	While At Not While	e —		
		Work L At Work	P 1	1-1-1	1
	22. I certify that (I) (t <del>his hospita</del> l) attende	1 11		1969 to	14He 2/ 19/0.
	that (I) (***) last saw the deceased alive	on June 6	19.70 and the	at in (my) (ठ४४) api	nian death accurred on the date
	and haur and from the causes stated above	e. (1) (We) (did) (did nat) v	few the bady after death.		
	23A. SIGNATURE	/ T. Am	nding Med.	Staff	23B. DATE SIGNED
	Mirkam B. H	GEGREE Phys	Director 🗀	Phys.	June 23, 19 10
	PAGE (Type) A BRAHAM B. HURWITZ MD 23D. ADDRESS				
247	BUBIAL CREMATION, 24B. DATE 240	GEGREE	1001 LIBERTY	KOAD DAL	ity, town, or county) (Stote)
1444	BURIAL CREMATION, 248. DATE 240	The state of the	61 6	2 11 -	17, 10 411, 01 00 11171
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1	Purul 6-24-70	MALLEUR MA	em, TRAC (X	Phulus 2	ADDRESS ADDRESS DEAT &
25A	Purul 6-24-70	Me of registrar	Sc. UNERAL DIRECTOR	Phus 2	222 W. New Lay



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VS 150-REV. 1/1/68



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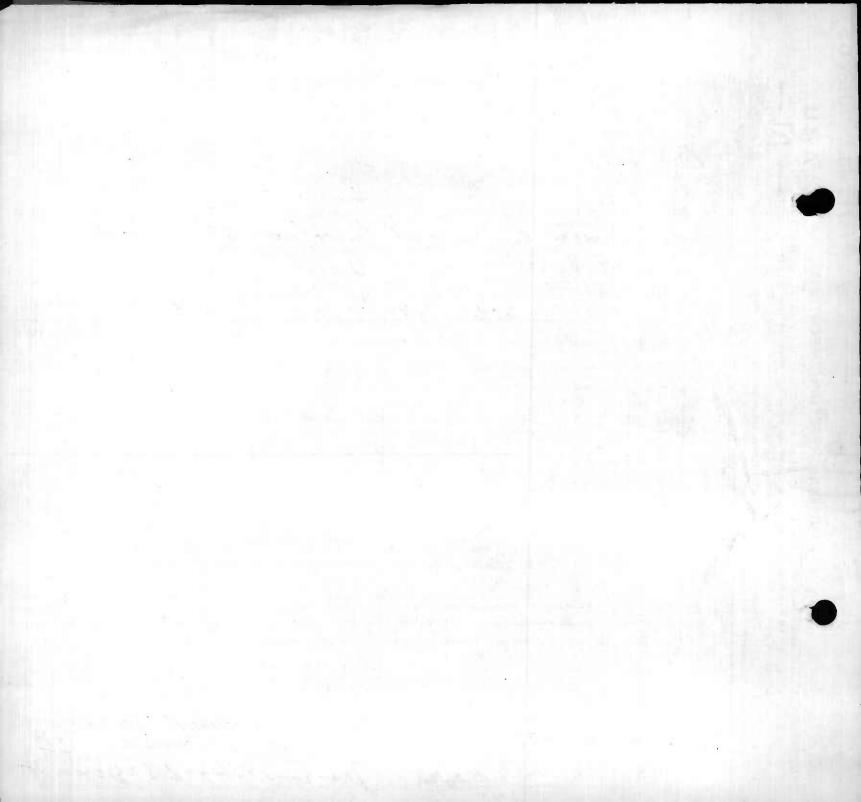
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV, 1/1/68



6301	BALTIMORE CITY HEALTH DEPARTMENT 70 6499
	BIRTH NO. 70 6455 CERTIFICATE OF DEATH
10	TULIA SEWARD 2. DATE AND HOUR OF DEATH 655 PM.
Ī	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where Deceased lived, II institution: residence before admiss B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND BALTIMORE CITY/50 C. CITY OR TOWN D. INSIDE CITY LIMITS?
	33THE JOHNS HOPKINS HOSPITAL BALTIMORE YES X NO 2005 BAKER STREET
115	
	FEMALE NEGRO WIDOWER DIVORCED 11-19-06 Idest birthdoy! Hours Min
0	CLERK NEW YORK STATION MARYLAND USA
1	13. FATHER'S NAME
	MILLIAM S. NUTTER ANNA M. MOORE
0	5. Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS
_	NO MISS VERNETTA NUTTER 2005 BAKER ST.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heat failure, asthenia, etc., it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving  (A) IMMEDIATE CAUSE Cauche Legislation Legislation Consequence of:  (B) DUE TO, OR AS A CONSEQUENCE OF:
	UNDERLYING CONDITION last. (C)
4 40	TO THE DEATH BUT NOT RELATED TO THE TERMINAL    DISEASE OR CONDITION GIVEN IN PART 1 (A).
Chairie	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTINO CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
4444	21D. TIME (Manthl (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not Wark At Wark
	22. I certify that (I) (this hospital) attended the deceased from 6/18 19 70 to 6/19 19 70
	that (1) (we) last saw the deceased alive on 6/19 19 70 and that in(my) (aux) apinion death occurred on the d
	and have and from the causes stated obave. (1) (We) (did) (did not) view the bady after death.
	Recipient Med. Staff Color 1/19/2-
	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS
	KEIN JARAL (41) (Johns Hospital
2	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stolet
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	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
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2 V	JUN 26 1970 Robert Fallon NUTTER FUNERAL HOME 3035 W. NORTH

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